South Dakota

Promoting Interoperability
State Level Repository (SLR) Guide
Eligible Professional

Program Year 2020

October 2020

Version 1

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Disclaimer

The pages that follow in this State Level Repository (SLR) Guide for Eligible Professionals (EPs) are intended to provide information to assist with completion of an Eligible Professional attestation to the South Dakota (SD) Promoting Interoperability (PI) Program. The SD PI Program is administered by the Department of Social Services (DSS). **However, it is important to note that this SLR Guide is not, nor is it intended to be, the full source of information about the requirements of the PI Program. It is the responsibility of the provider who is attesting to the DSS PI Program to be acquainted with the requirements of the PI Program Final Rules and the State Medicaid HIT Plan (SMHP).**

Background

The Centers for Medicare and Medicaid Services (CMS) has implemented, through provisions of the American Recovery and Reinvestment Act of 2009 (ARRA), incentive payments to eligible professionals (EP) and eligible hospitals (EH), including critical access hospitals (CAH), participating in Medicare and Medicaid programs that are Meaningful users of certified Electronic Health Records (EHR) technology. The incentive payments are not a reimbursement but are intended to encourage EPs and EHs to adopt, implement, or upgrade certified EHR technology and use it in a meaningful manner.

The use of a certified EHR system is required to qualify for incentive payments. The Office of the National Coordinator for Health Information Technology (ONC) has issued rules defining certified EHR systems and has identified entities that may certify systems. More information about this process is available at https://www.healthit.gov/ .

Goals for the national program include:

- Enhance care coordination and patient safety
- Reduce paperwork and improve efficiencies
- Facilitate electronic information sharing across providers, payers, and state lines
- Enable data sharing using state Health Information Exchange (HIE) and the National Health Information Network (NHIN).

Achieving these goals will improve health outcomes, facilitate access, simplify care, and reduce costs of healthcare nationwide. In 2017, the program was renamed to the Promoting Interoperability (PI) Program to reflect CMS' commitment to improving interoperability and patients' access to health information.

Before registering and attesting at the State level, both EPs and EHs are required to be registered at the national level with the Medicare and Medicaid Registration and Attestation System. This is CMS's official website for the Promoting Interoperability Program and can be found at http://www.cms.gov/EHRIncentivePrograms/. The site provides both general and detailed information on the programs which includes information on the path to payment, eligibility, Meaningful Use, certified EHR technology, and Frequently Asked Questions.

Introduction

The SD Promoting Interoperability Program will provide incentive payments to EPs as they demonstrate Meaningful Use of certified EHR technology through meeting Meaningful Use measures and objectives.

Resources:

- Medicare and Medicaid Programs; Promoting Interoperability Program Final Rules located at https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/EducationalMaterials.html
- SD Medicaid EHR Application Portal located at https://sdslr.healthtechsolutions.com/
- Medicare and Medicaid Promoting Interoperability Program at https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html
- Office of the National Coordinator for Health Information Technology located at https://www.healthit.gov/

Eligibility

Eligible Professionals must have begun the program no later than Program Year 2016. Beginning in Program Year 2017, no first-year participants can complete attestations for the Promoting Interoperability Program.

The first tier of provider eligibility for the DSS Promoting Interoperability Program is based on provider type and specialty. If the provider type and specialty for the submitting provider in the SD Medicaid Management Information System (MMIS) provider data store does not correspond to the provider types and specialties approved for participation in the DSS Promoting Interoperability Program, the Provider will receive an error message with a disqualification statement.

At this time, CMS has determined that the following Providers are potentially eligible to enroll in the DSS Promoting Interoperability Program:

- Physicians*
- Nurse Practitioner
- Certified Nurse Midwife
- Dentist
- Physician Assistant (PA) who furnishes services in a Federally Qualified Health Center (FQHC), Indian Health Clinic (IHS), or Rural Health Center (RHC) that is led by a PA.
    - An FQHC or RHC is considered to be PA led in the following instances:
        - The PA is the primary provider in a clinic (e.g., part time physician and full time PA in the clinic); or
        - The PA is the clinical or medical director at a clinical site of the practice; or
        - The PA is the owner of a clinic

*In the South Dakota, this includes MDs, and DOs

Additional requirements for the EP

For each year the EP seeks incentive payment, the EP must not be hospital-based, nor meet the exclusion for hospital-based, and must meet one of the following Patient Volume criteria:

- Have a minimum of 30 percent Patient Volume attributable to individuals receiving TXIX Medicaid funded services **or**
- Have a minimum 20 percent Patient Volume attributable to individuals receiving TXIX Medicaid funded services, **and** be a pediatrician **or**
- Practice predominantly in a FQHC, RHC, or Indian Health Services (IHS) and have a minimum 30 percent Patient Volume attributable to “needy individuals”
- Patient Volume counts must be from at least one service location that has certified EHR technology.
- Have no sanctions and/or exclusions

An individual EP may choose to receive the incentive him/herself or assign it to a Medicaid contracted clinic or group to which he/she is associated. The Tax Identification Number (TIN) of the individual or entity receiving the incentive payment is required when registering with CMS and must match a TIN linked to the individual provider in the SD MMIS system.

Qualifying Providers by Type and Patient Volume

Program Entity	Percent Patient Volume over Minimum 90-days	
Physicians	30%	Or the Medicaid EP practices predominantly in an FQHC, RHC, or IHS meeting 30% "needy individual" Patient Volume threshold
Pediatricians	20%	
Dentists	30%	
Optometrists	30%	
Physician Assistants when practicing at an FQHC/RHC led by a Physician Assistant	30%	
Nurse Practitioners	30%	

Out of State Providers

The DSS Promoting Interoperability Program welcomes any out-of-state Provider to participate in this program as long as they have at least one physical location in the South Dakota. However, the South Dakota must be the only state from which they are requesting an incentive payment during that participation year. For auditing purposes, out-of-state Providers must make available any and all records, claims data, and other data pertinent to an audit by either the DSS Promoting Interoperability Program or CMS. Records must be maintained, as applicable by law, in the state of practice or in the South Dakota, whichever is deemed longer.

Establishing Patient Volume

A SD Eligible Professional must annually meet Patient Volume requirements of DSS Promoting Interoperability Program as established through the State's CMS approved State Medicaid Health IT Plan (SMHP). The patient funding source identifies who can be counted in the Patient Volume: Title XIX (TXIX) – Medicaid and Title XXI (TXXI) – CHIP. All EPs (except EPs predominantly practicing in an FQHC/RHC/IHS will calculate Patient Volume based on TXIX Medicaid and out-of-state Medicaid patients. The EHR statute allows for an EP practicing predominantly in an FQHC, RHC, or IHS to consider CHIP patients under the "needy individual" Patient Volume requirements.

Patient Encounters Methodology

EPs (except those practicing predominantly in an FQHC/RHC/IHS) calculate TXIX Medicaid Patient Volume by dividing the total TXIX Medicaid, encounters in any representative, continuous 90-day period in the preceding calendar year by the total patient encounters in the same continuous 90-day period.

EPs practicing predominantly in an FQHC/RHC/IHS calculate "needy individual" Patient Volume by dividing the total "needy individual" patient encounters in any representative, continuous 90-day period in the preceding calendar year by the total patient encounters in the same continuous 90-day period.

Definition of an Eligible Professional Encounter

For purposes of calculating EP Patient Volume, an encounter is defined as:

- Services rendered on any one day to an individual where South Dakota or another State's Medicaid program paid for:
- Services rendered on any one day to an individual where Medicaid or a Medicaid demonstration project under section 1115 of the Act paid for part or all of the service
- Services rendered on any one day to an individual where Medicaid or a Medicaid demonstration project under section 1115 of the Act paid all or part of their premiums, co-payments, and/or cost-sharing

Beginning in Program Year 2013, for purposes of calculating EP Patient Volume, a Medicaid encounter was defined as services rendered to an individual on any one day where:

- Medicaid (or a Medicaid demonstration project approved under section 1115 of the Act) paid for part or all of the service
- Medicaid (or a Medicaid demonstration project approved under section 1115 of the Act) paid all or part of the individual's premiums, co-payments, and cost-sharing
- The individual was enrolled in a Medicaid program (or a Medicaid demonstration project approved under section 1115 of the Act) at the time the billable service was provided

Definition of a "Needy Individual" Encounter

For purposes of calculating Patient Volume for an EP practicing predominantly in an FQHC/RHC/IHS, a "needy individual" encounter is defined as services rendered on any one day to an individual where medical services were:

- Medicaid or CHIP (or a Medicaid or CHIP demonstration project approved under section 1115 of the Act) paid for part or all of the service
- Medicaid or CHIP (or a Medicaid or CHIP demonstration project approved under section 1115 of the Act) paid all or part of the individual's premiums, co-payments, or cost-sharing
- Services rendered to an individual on any one day were furnished at no cost (excluding bad debt) or the services were paid for at a reduced cost based on a sliding scale determined by the individual's ability to pay
- The individual was enrolled in a Medicaid program (or a Medicaid demonstration project approved under section 1115 of the Act) at the time the billable service was provided

Group Practices

Clinics or group practices will be permitted to calculate Patient Volume at the group practice/clinic level, but only in accordance with all of the following limitations:

- The clinic's or group practice's Patient Volume is appropriate as a Patient Volume methodology calculation for the EP
- There is an auditable data source to support the clinic's or group practice's Patient Volume determination
- All EPs in the group practice or clinic must Use the same methodology for the payment year
- The clinic or group practice uses the entire practice or clinic's Patient Volume and does not limit Patient Volume in any way
- If an EP works inside and outside of the clinic or practice, the Patient Volume calculation includes only those encounters associated with the clinic or group practice and not the EP's outside encounters

Payment Methodology for EPs

The maximum incentive payment an EP could receive equals $63,750 over a period of six years, or $42,500 for Pediatricians attesting to a 20-29 percent Medicaid Patient Volume as shown below.

Provider	EP	EP-Pediatrician
Patient Volume	**30 Percent**	**20-29 Percent**
Year 1	$21,250	$14,166.67
Year 2	8,500	5,666.67
Year 3	8,500	5,666.67
Year 4	8,500	5,666.67
Year 5	8,500	5,666.67
Year 6	8,500	5,666.65
Total Incentive Payment	$63,750	$42,500

Since Pediatricians are qualified to participate in the South Dakota Medicaid EHR incentive program as Physicians, and therefore classified as EPs, they may qualify to receive the full incentive if the Pediatrician can demonstrate that they meet the minimum 30 percent Medicaid Patient Volume requirements.

Payment for Eligible Professionals

EP payments will be made in alignment with the calendar year and an EP must begin receiving incentive payments no later than 2016 to participate in later Program Years. EPs will assign the incentive payments to a TIN in the CMS Registration Module. The TIN must be associated in the SD MMIS system with either the EP him/herself or a group or clinic with whom the EP is affiliated. EPs who assign payment to themselves (and not a group or clinic) will be required to provide SD Medicaid with updated information.

For each year a Provider wishes to receive a Medicaid incentive payment, determination must be made that he/she was a meaningful user of EHR technology during that year. Medicaid EPs are not required to participate on a consecutive annual basis, however, the last year the EP can receive payments is 2021.

Currently, all Providers are required to submit a valid NPI as a condition of SD Medicaid provider enrollment. Each EP will be enrolled as a Medicaid Provider and will therefore, without any change in process or system modification, meet the requirement to receive an NPI. DSS performs a manual National Plan and Provider Enumeration System (NPPES) search to validate NPIs during the enrollment process.

In the event DSS determines money has been paid inappropriately, incentive funds will be recouped and refunded to CMS.

Provider Registration

Since we are beyond program year 2016, no new providers may begin the Medicaid EHR Incentive program. You may log in directly to the SD State Level Registry (SLR) to attest for Meaningful Use using the link SDSLR.

Providers must revisit the CMS Registration Module to make any changes to their information and/or choices, such as changing the state program from which they want to receive their incentive payment or to update the NPI/TIN for which the payment should be assigned. After the initial registration, the provider does not need to return to the CMS Registration Module before seeking annual payments unless information needs to be updated. CMS' official Web site for the Medicare and Medicaid EHR Incentive Programs can be found at http://www.cms.gov/EHRIncentivePrograms/ .

The CMS Registration Module has assigned the EP a CMS Registration Number and will electronically notify DSS of an EP's choice to access the SD SLR for attestation and payment. The CMS Registration Number will be needed to complete the attestation in the SD SLR system. On receipt of the registration transactions from CMS, two basic validations take place at the state level:

- Validate that the NPI in the transaction is on file in the SD MMIS system
- Validate that the EP is a participating provider with DSS

If either of these conditions are not met, a message will be automatically sent back to the CMS Registration Module indicating the Provider is not eligible. Providers may check back at the CMS Registration Module to determine if the registration has been accepted.

Per 42 CFR Part 495, new participants are no longer allowed in the Promoting Interoperability Program, therefore registrations for Payment Year 1 EPs will be deemed ineligible automatically upon SD SLR receiving their registration data from CMS.

Provider Attestation Process and Validation

DSS will utilize the secure SD SLR to house the attestation system. The following is a description, by EP type, of the information that a provider will have to report or attest to during the process.

- After registering for the incentive program with the CMS Registration Module (at https://ehrincentives.cms.gov/hitech/login.action), the EP will be asked to provide their NPI and CMS-assigned Registration Identifier to access the SDSLR.
- The EP will then be asked to view the information that will be displayed with the pre-populated data received from CMS (if the provider entry does not match, an error message with instructions will be returned).
- EPs will then enter two categories of data to complete the Eligibility Provider Details screen including 1) Patient Volume characteristics and 2) EHR details.
- The EP will be asked to attest to:
    - Review the Provider and TIN entered in the CMS Registration Module and confirm assignment of the incentive payment to a specific TIN (only asked if applicable)
    - Not working as a hospital-based professional (this will be verified through claims analysis)
    - Not applying for an incentive payment from another state
    - Not applying for an incentive payment under another DSS ID
    - Meaningful Use of certified EHR technology
- The EP will be required to answer yes/no and numerator and denominator questions

supporting Meaningful Use, public health registry reporting, and clinical quality measures.

- The EP will be asked to electronically sign the attestation
- The EP enters his/her initials and NPI on the Attestation screen.
- If a staff member is completing the attestation on behalf of the EP, they will be asked to identify themselves.
- Any staff member completing the attestation on behalf of the EP will be asked to enter his or her name.

Incentive Payments

An incentive payment can be approved upon completion of the attestation process including submission of the electronic attestation and receipt of required documentation and validation by DSS.

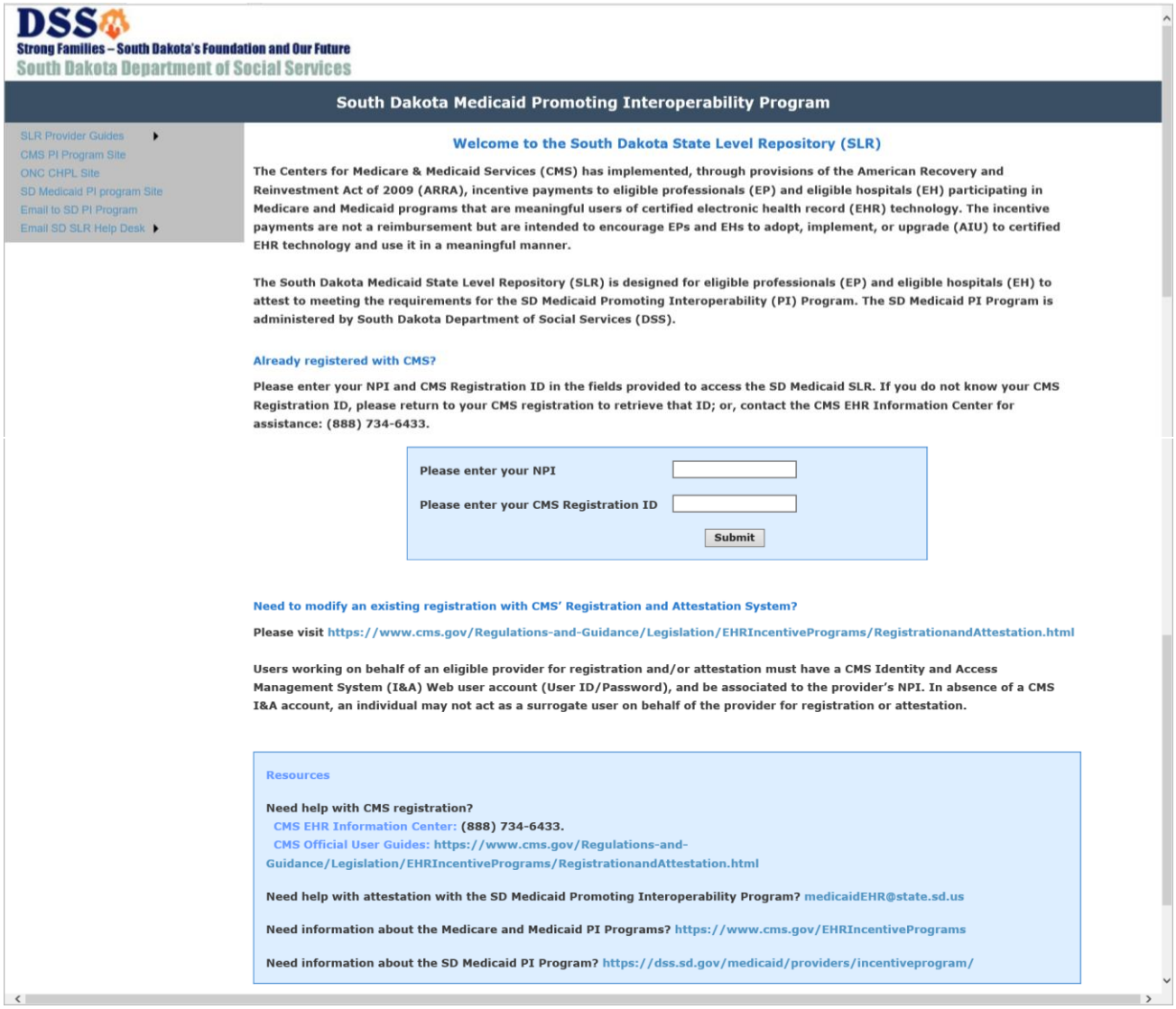
Program Integrity

DSS will be conducting regular reviews of attestations and incentive payments. These reviews will be selected as part of the current audit selection process including risk assessment, receipt of a complaint, or inclusion into reviews selected for other objectives. Providers should be sure to retain all supporting documentation for ten (10) years from the date of attestation.

Accessing State Level Repository

The EP will begin the DSS Promoting Interoperability Program registration process by accessing the SD SLR system at SDSLR (sign-in screen shown below).

SDSLR Sign-in Screen



The EP will enter the NPI registered on the CMS Registration Module and the CMS- assigned Registration Identifier that was received in the confirmation email from CMS. If you have forgotten your CMS registration ID then you may obtain it by accessing you CMS account at https://ehrincentives.cms.gov/hitech/login.action

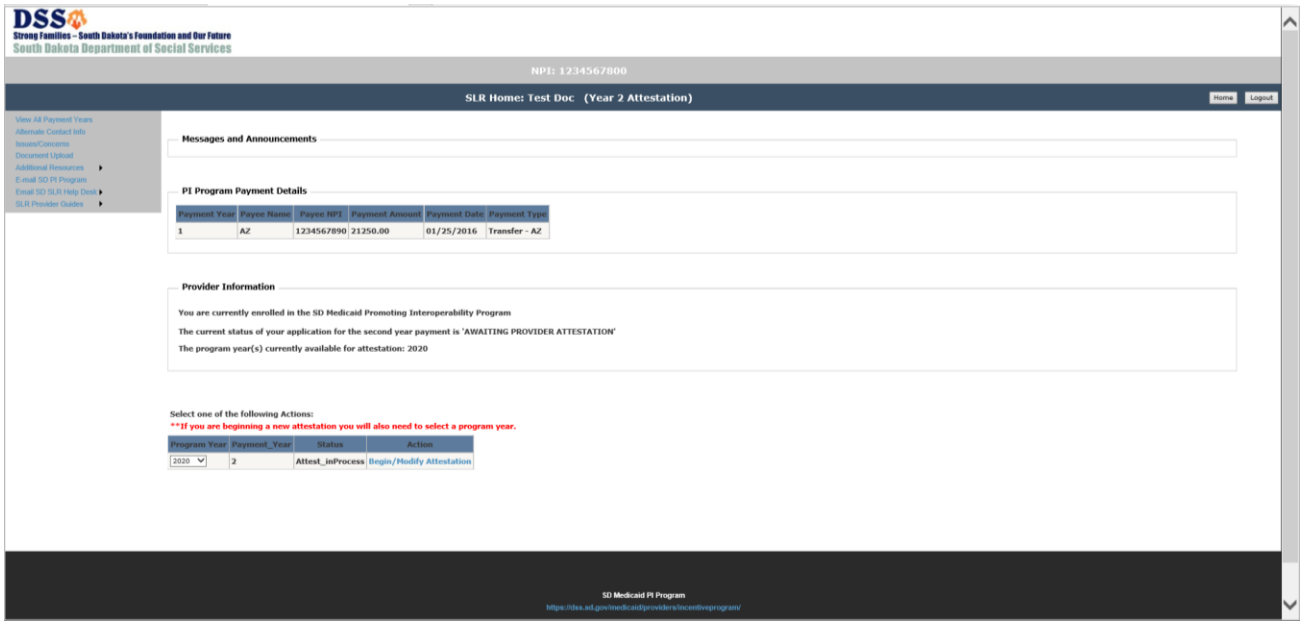
If the data submitted by the EP matches the data received from CMS, the CMS/NLR Provider Demographics Screen will display with data pre-populated from the CMS Registration Module. If the EP entry does not match, an error message with instructions will be returned.

Navigation:

Submit – Routes the EP to the SLR Home Screen

SDSLR Home Screen

Upon successful login to the SLR application EPs will view the home screen below. Here the EP will select the Program Year they wish to attest to and begin their attestation process.



Navigation:

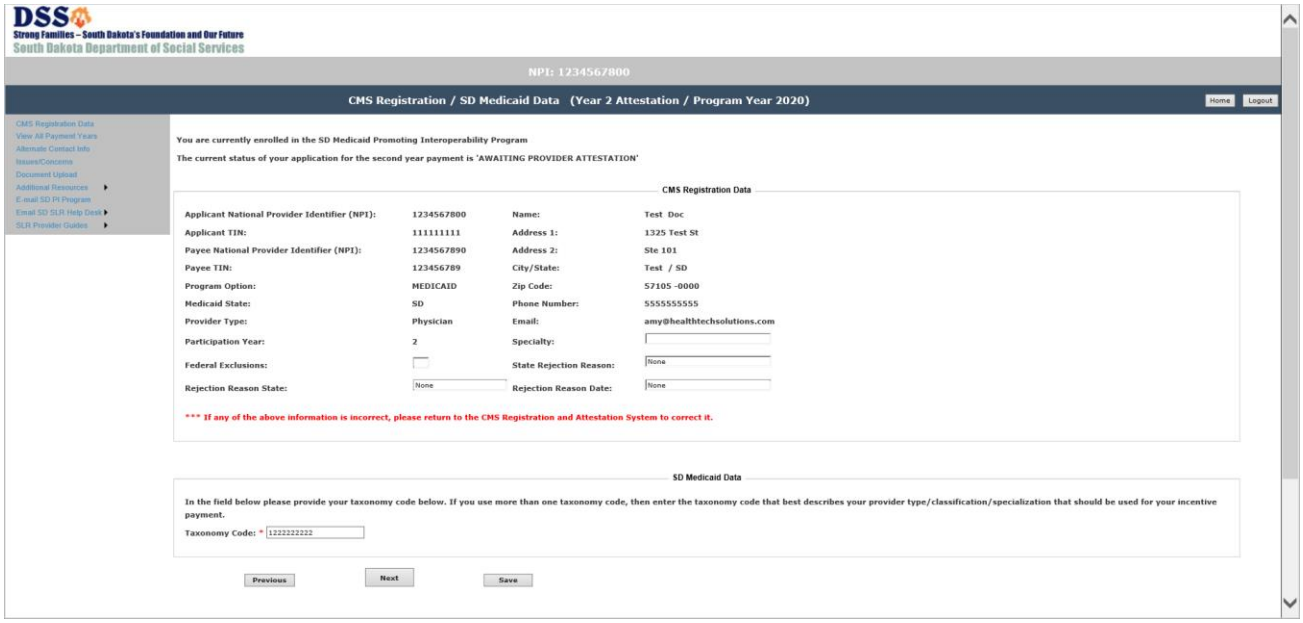
View/View Attestation – Routes the EP to the CMS Registration/DSS Data page of the completed attestation

Begin/Modify Attestation – Routes the EP to the CMS Registration/DSS Data page of the completed attestation

CMS/NLR Screen

The CMS/NLR Registration page includes details carried over from the EPs registration at the CMS portal. This information cannot be edited from the SD SLR portal. In the instance incorrect information is displayed, the provider should go back to their CMS registration and make the correct modification and resubmit for the information to be updated in the SLR application.

In addition to the registration details there is also a section for providers to confirm their individual Taxonomy number. This piece of information is necessary for the incentive payment process will be confirmed by SD staff during the prepayment verifications processes.



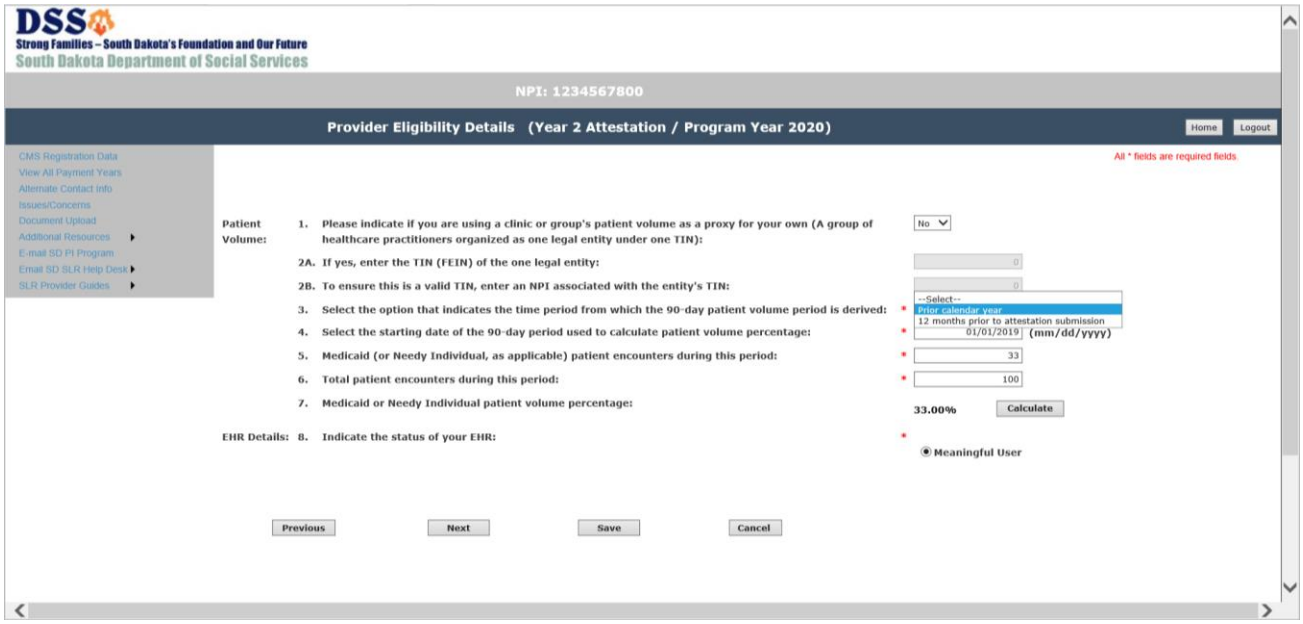
Navigation

Previous – Returns the EP to the CMS Registration/LA Medicaid Data Screen
Next – Routes the EP to the Provider Eligibility Screen
Save – Saves the data

Provider Eligibility Details

As part of attestation, providers must meet defined thresholds for Medicaid patient volume. EPs must enter the following details concerning their patient volume:

- Indicate if your Patient Volume was calculated at a clinic or practice level
- If at the clinic level, enter the TIN of the clinic or group and the NPI associated with the clinic or group
- Select the time period for the 90-day patient volume reporting period (prior calendar year or 12 months prior to attestation)
- Select the starting date of the 90-day period to calculate the Medicaid encounter volume percentage
- Enter the Medicaid (or Needy Individuals as applicable) patient encounters during this period
- Enter the total patient encounters during this period
- Medicaid Patient Volume percentage (system calculated)
- Indicated Meaningful User to continue the application

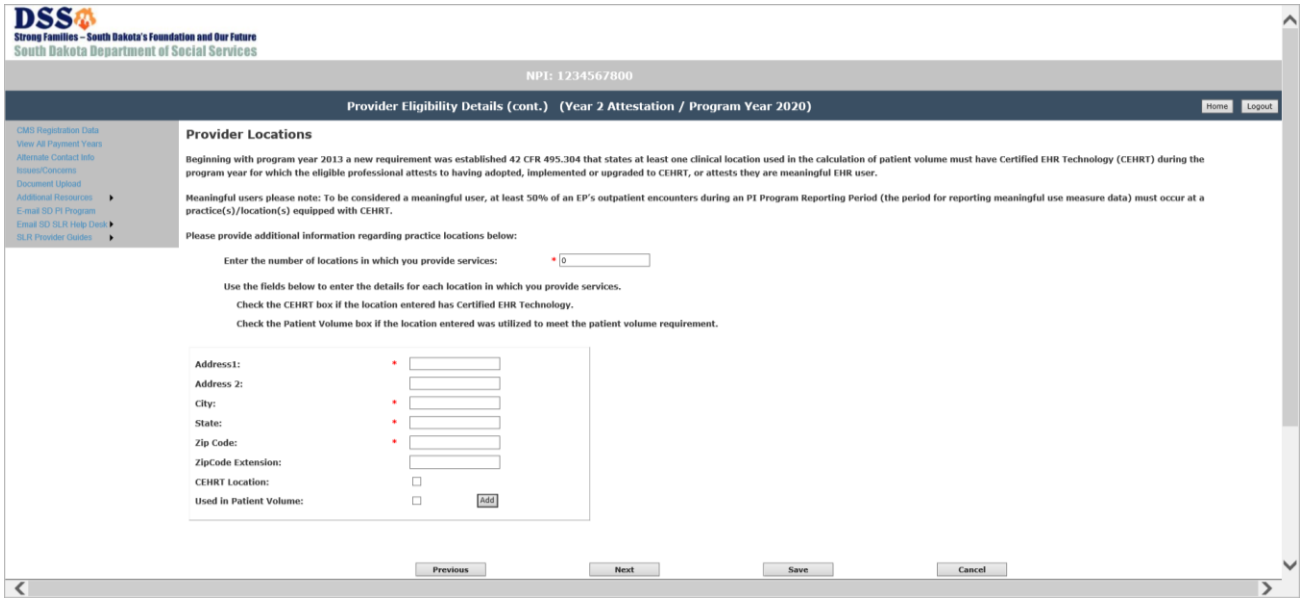


Navigation:

Previous – Returns to the previous screen
Next – Saves the data entered and moves to the next attestation screen
Save – Saves the data
Cancel – Removes the data entered and does not save

Service Locations

After entering the provider eligibility details, EPs are required to enter all service locations for which they practice. This screen was added to satisfy a new requirement beginning with Program Year 2013 that was established under 42 CFR 495.304 that states that at least one clinical location used in the calculation of patient volume must have a certified EHR technology (CEHRT) during the Program Year for which the eligible professional is attesting.



Enter the number of locations in which you provide services – This is the count for the number of locations for which you see patients.

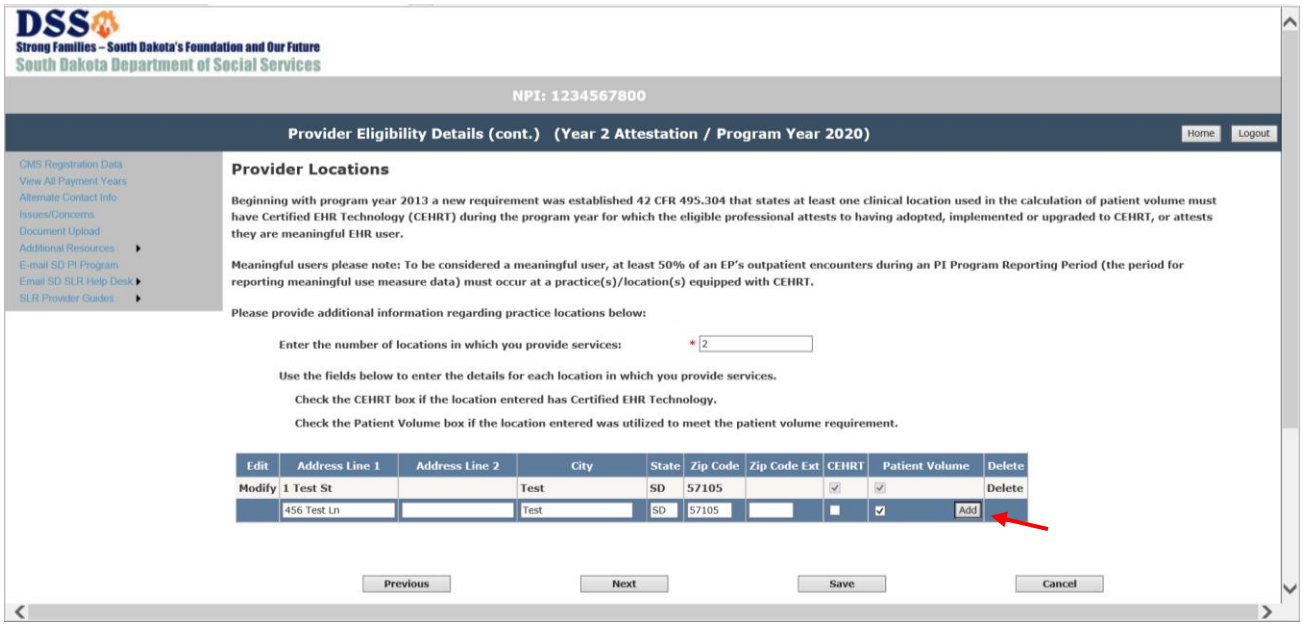
- **Address 1:** - This is the first line of the service location address, it is required
- **Address 2:** - This is the second line of the service location address, if necessary
- **City:** - This is the City for the service location address, it is required
- **State:** - This is the State for the service location address, it is required
- **Zip Code:** - This is the zip code for the service location address, it is required
- **Zip Code Extension:** - This is the zip code extension for the service location address, if necessary
- **Certified EHRT Location:** - Click to check this check box to indicate if the service location entered has Certified EHR Technology.
- **Used in Patient Volume:** - Click to check this check box to indicate if the service location entered was used in the patient volume provided on the previous screen.

*At least one service location must have CEHRT and Patient Volume checked in order to meet the requirement and continue with the attestation.

**The user must click on the 'Add' button in order to add the service location.

Multiple Service Locations

If the EP has multiple locations upon clicking 'Add' for the first service location entry the screen below will be displayed.

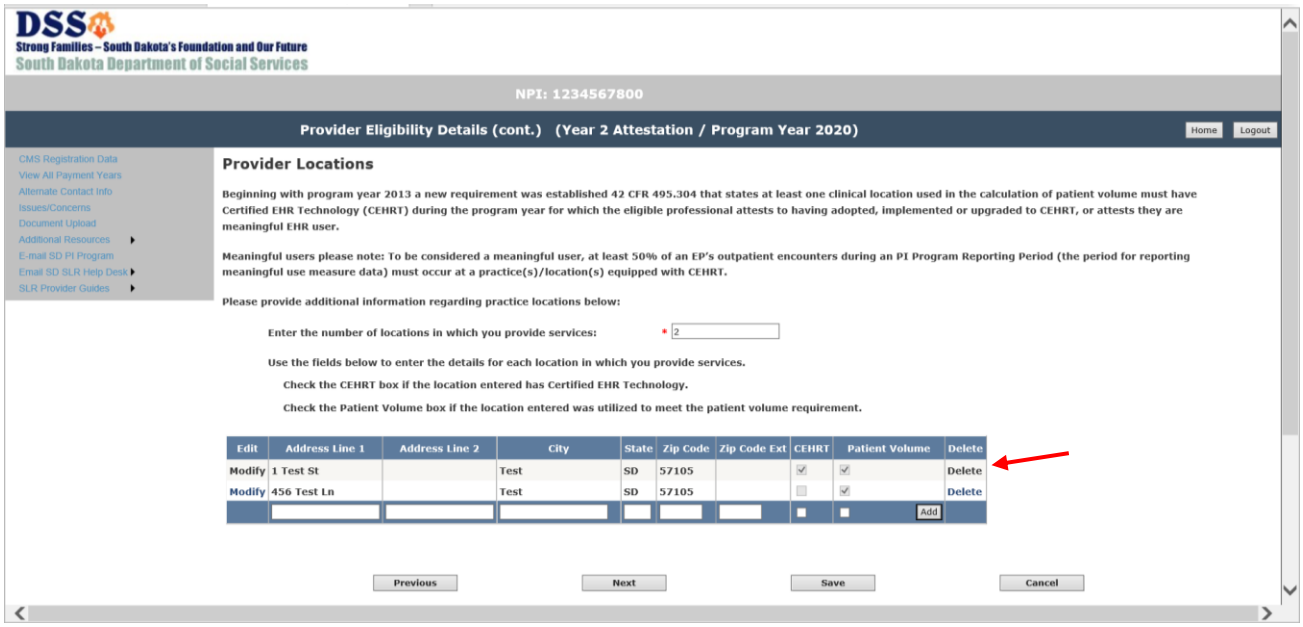


In order to add additional service locations, the EP will add the address information within the boxes listed in the grid shown above. The EP must click on the 'Add' button next to the line to add the service location.

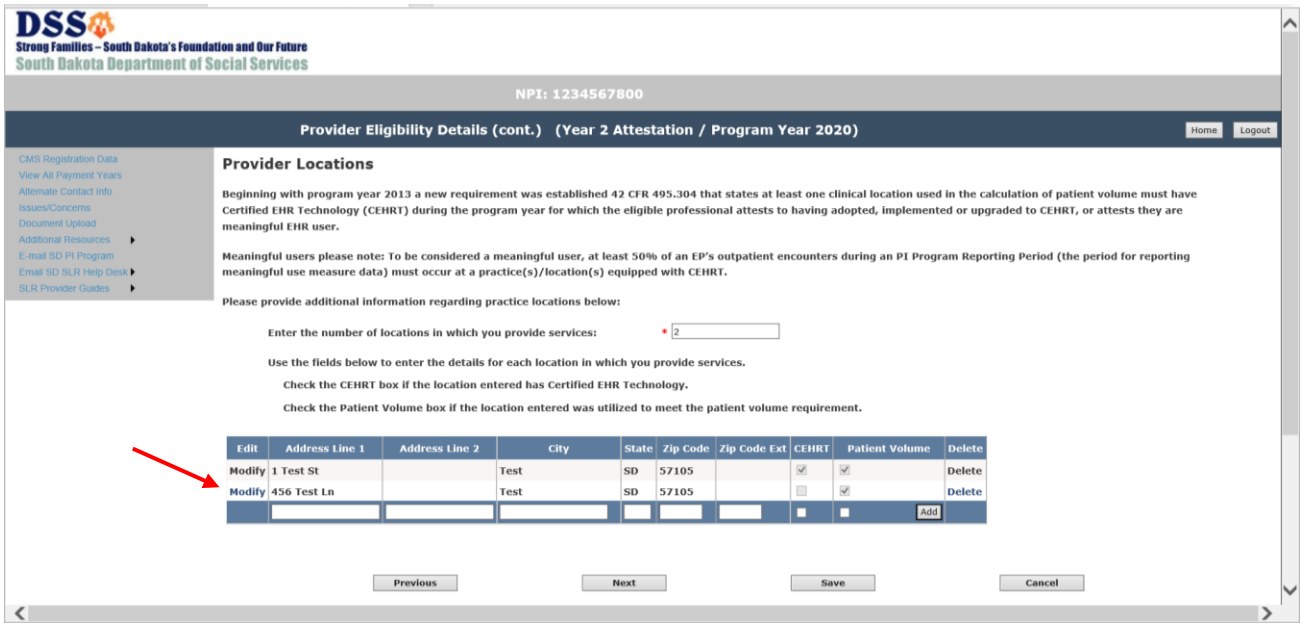
Please note – depending on your individual screen resolution you may need to Use the grid scroll bar to scroll to the right to see the 'Add' button.

Change/ Delete an Existing Service Location Entry

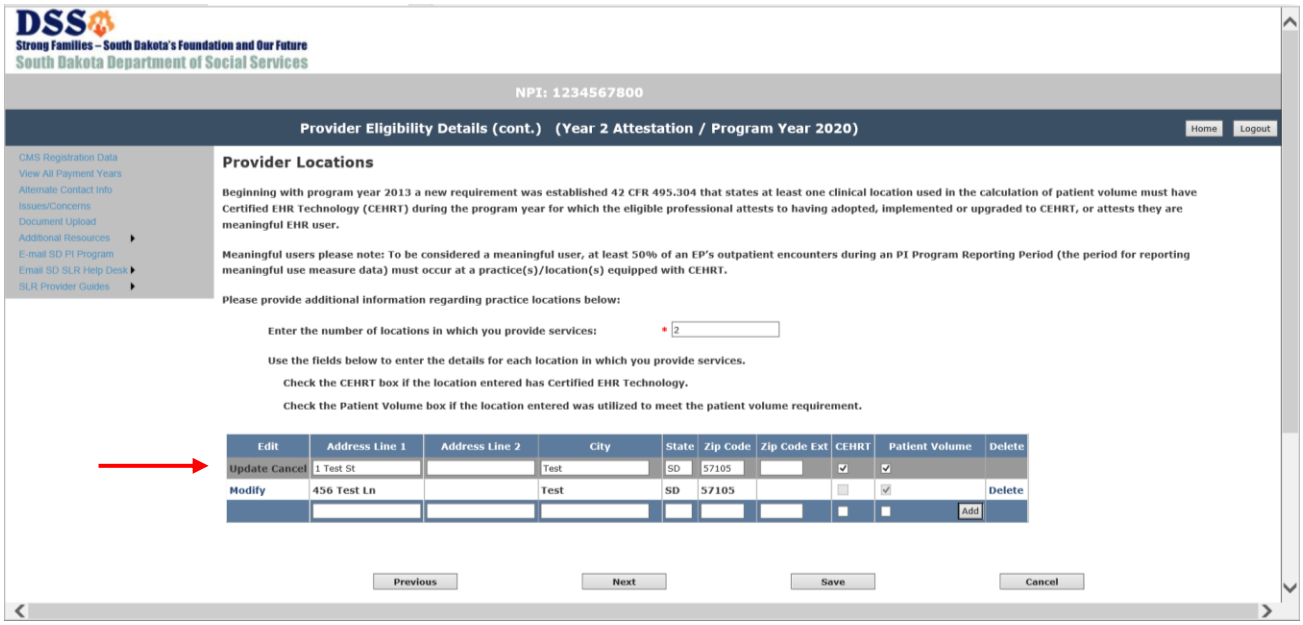
In order to delete an invalid service location, the EP will need to click on the Delete link on the right end of the service locations grid as shown above. The EP will be requested to give confirmation prior to deleting the record.



In order to change an existing service location, the EP will click on the Modify link under the Edit column.



Once the EP has clicked on 'Modify' the fields will be open for editing.



After the EP has completed their editing of the service location, they will need to select one of the following options under the edit column:
Update – This will accept the changes made to the service location
Cancel – This will cancel the changes made to the service location and return to the original entry.

Navigation:

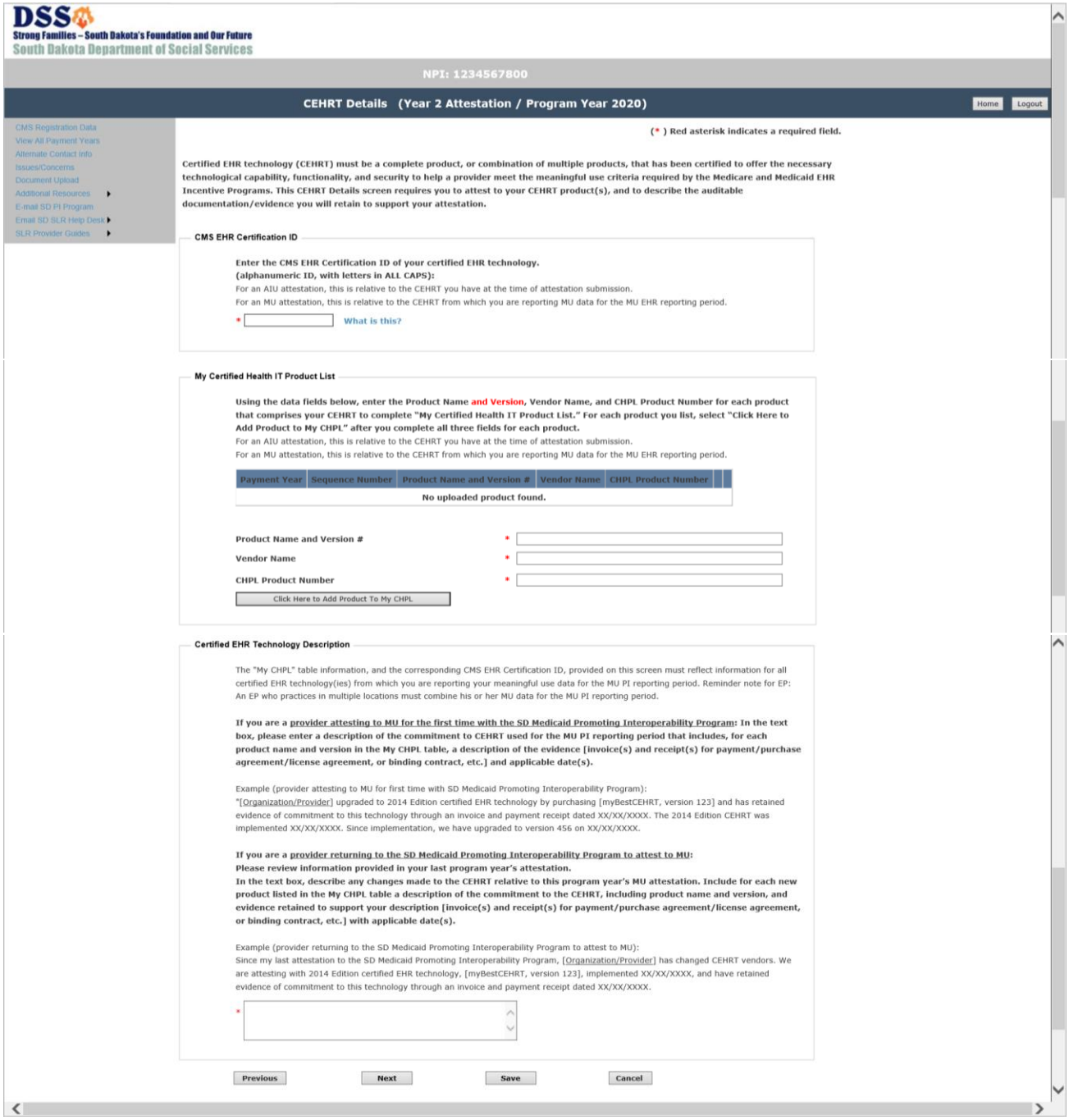
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data, please note: location data must be added, updated, or deleted within the navigation links/buttons. The Save button will not save an update made prior to clicking on the update button on the grid.
Cancel Button – Removes the data that has been entered by the EP

CEHRT Details

The CEHRT Details screen require all entry of all details concerning the providers certified electronic health record technology. EPs are required to enter the CMS EHR Certification ID, product ID information, and provide a brief description of their EHR technology.

CEHRT must be a complete product, or combination of multiple products, that have been certified to offer the necessary technological capacity, functionality, and security to help an EP meet the MU criteria required by the Promoting Interoperability Program. The CEHRT Details Screen requires the EP to attest to CEHRT product(s) and describe the auditable documentation/evidence that will be retained to support attestation.

Attestation in Program Year 2020 requires a 2015 Edition CEHRT pursuant to the definition of CEHRT under § 495.4.



Navigation

Previous – Returns to the previous screen
Next – Saves the data entered and moves to the next attestation screen
Save – Saves the data
Cancel – Removes the data entered and does not save

Meaningful Use Questionnaire Screen

After entering the CEHRT details, EPs will be directed to the Meaningful Use Questionnaire screen to enter additional data prior to entering their measures.

PI Program reporting period start and end date are the dates for which the provider's Meaningful Use Measures were captured and are being reported. EPs are required to attest to a minimum of a 90-day consecutive PI Program reporting period for their Meaningful Use Measures for program year 2020.

CQM Reporting period start and end date are the dates for which the provider's Clinical Quality Measures were captured and are being reported. For program year 2020, EPs are required to attest to at least a consecutive 90-day period within the Program Year. The EP can report to a CQM reporting period that is different from their PI Program reporting period.

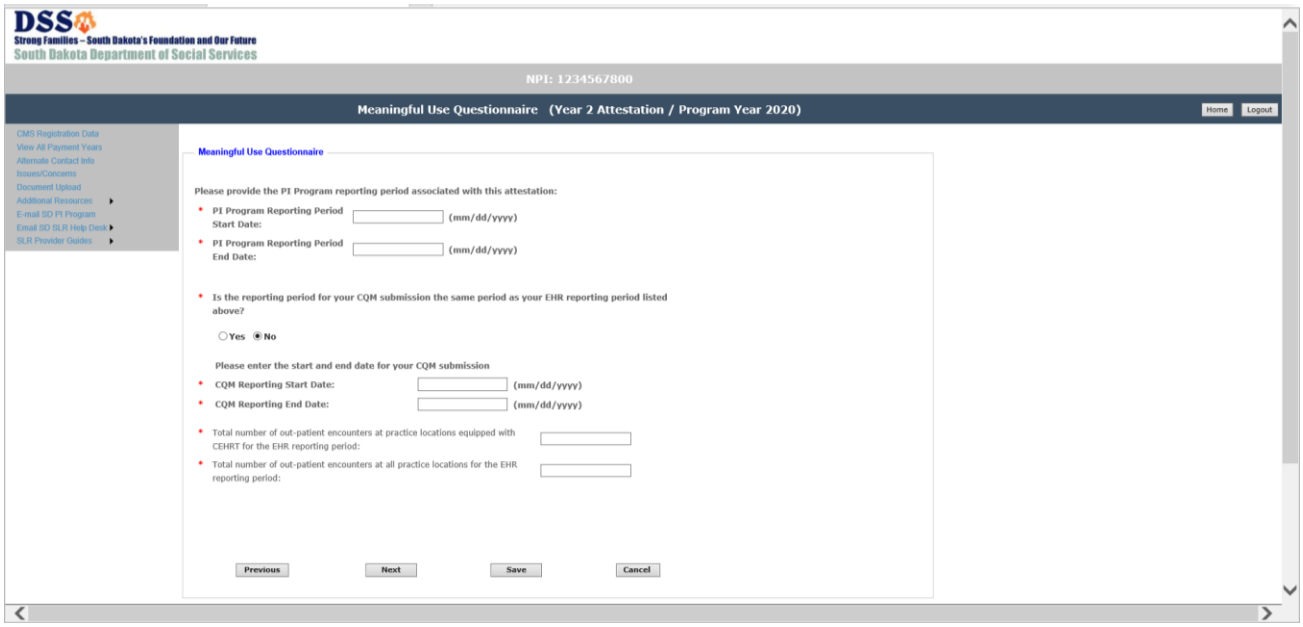
The following fields are required to continue with the attestation:

- **PI Program Reporting Period Start Date** – Enter the starting date for the period of time you are reporting your Meaningful Use Measure data. This date should be within the Program Year being attested.
- **PI Program Reporting Period End Date** – Enter the end date for the period of time you are reporting your Meaningful Use Measure data.
    - For Program Year 2020, the EHR reporting period will be a minimum 90-day reporting period from January 1, 2020 through December 31, 2020.
- **CQM Reporting Period Option** – This is available to all EPs who are attesting to MU for program year 2020. EPs may choose to report their CQMs for a different time period than their Meaningful Use Measures. If an EP wishes to take this option, mark the "No" radio button next to the question "Is the reporting period for your CQM submission the same period as your PI Program Reporting period listed above." The screen will allow for entry of the following fields:
    - **CQM Reporting Start Date** - Enter the starting date for the period of time you are reporting your CQM data. This date should be within the Program Year being attested.
    - **CQM Reporting End Date** – Enter the end date for the period of time you are reporting your CQM data.
        - The CQM Reporting Period must be at least 90 days and can be up to a full year reporting period within the Program Year selected.

The additional questions below will be required if you have entered multiple provider service locations that did not indicate that CEHRT at all locations:

- **Enter the total number of out-patient encounters at practice locations equipped with CEHRT for the EHR reporting period:** – Enter the count of all the patients you have seen in locations that have CEHRT during the EHR reporting period entered above.
- **Enter the total number of out-patient encounters at all practice locations for the EHR reporting period:** – Enter the count of all the patients you have seen in all service locations during the EHR reporting period entered above.

All fields on this screen must be entered to continue with your attestation.



Navigation

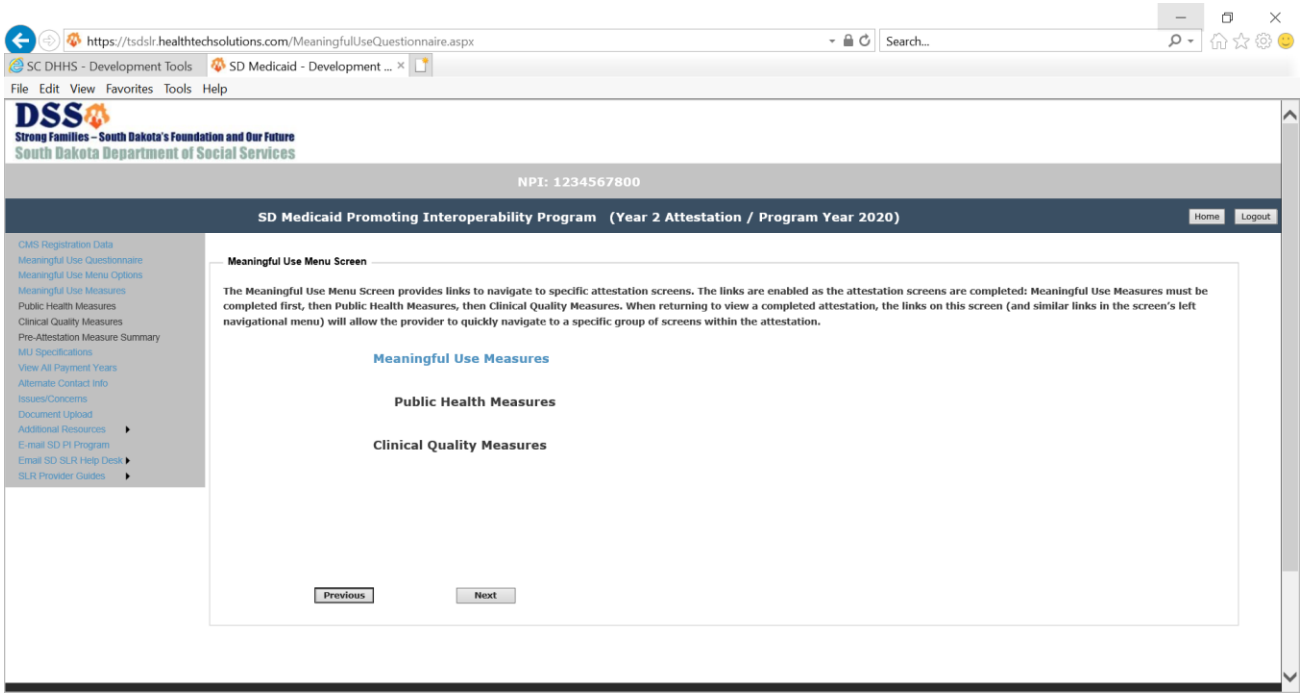
Previous – Returns to the previous screen
Next – Saves the data entered and moves to the next attestation screen
Save – Saves the data
Cancel – Removes the data entered and does not save

EP Requirements for Meaningful Use Measures for Program Year 2020

Per 42 CFR 495, the final rules published by CMS, in Program Year 2020, CMS requires all providers to attest to Stage 3 Meaningful Use measures.

Meaningful Use Measure Menu Screen

The menu screen will only allow the user to select a group of measures as they are available. For example, once the Meaningful Use Measures are completed, the Meaningful Use measures menu link will be active to select.



Navigation:

Meaningful Use Measures Link – Takes the EP to the first screen of the Meaningful Use measures, active link
Public Health Measures Link - Takes the EP to the Public Health measure Selection Screen, only active after the first 9 MU measures are completed.
Clinical Quality Measures Link – Takes the EP to the CQM selection page.
Previous – Take the EP to the previous screen
Next – Takes the EP to the first Meaningful Use measure screen

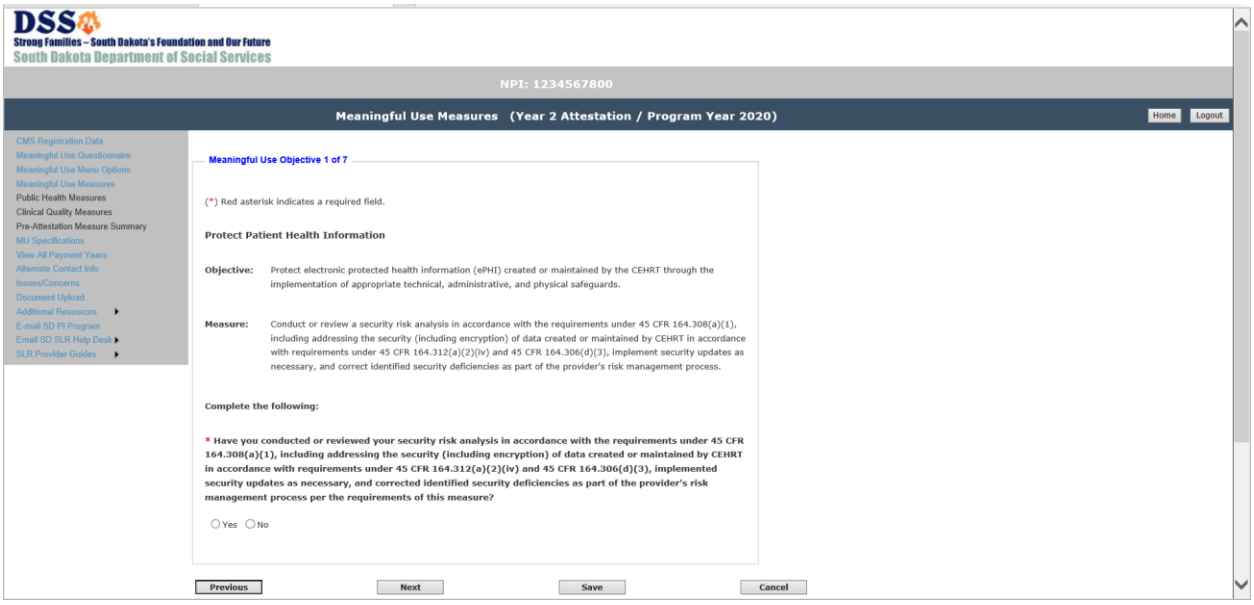
Objective 1- Protect Patient Health Information

All fields must be completed before the EP will be allowed to save and continue to the next measure.

The following details other requirements of this screen:

- Please select Yes or No

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

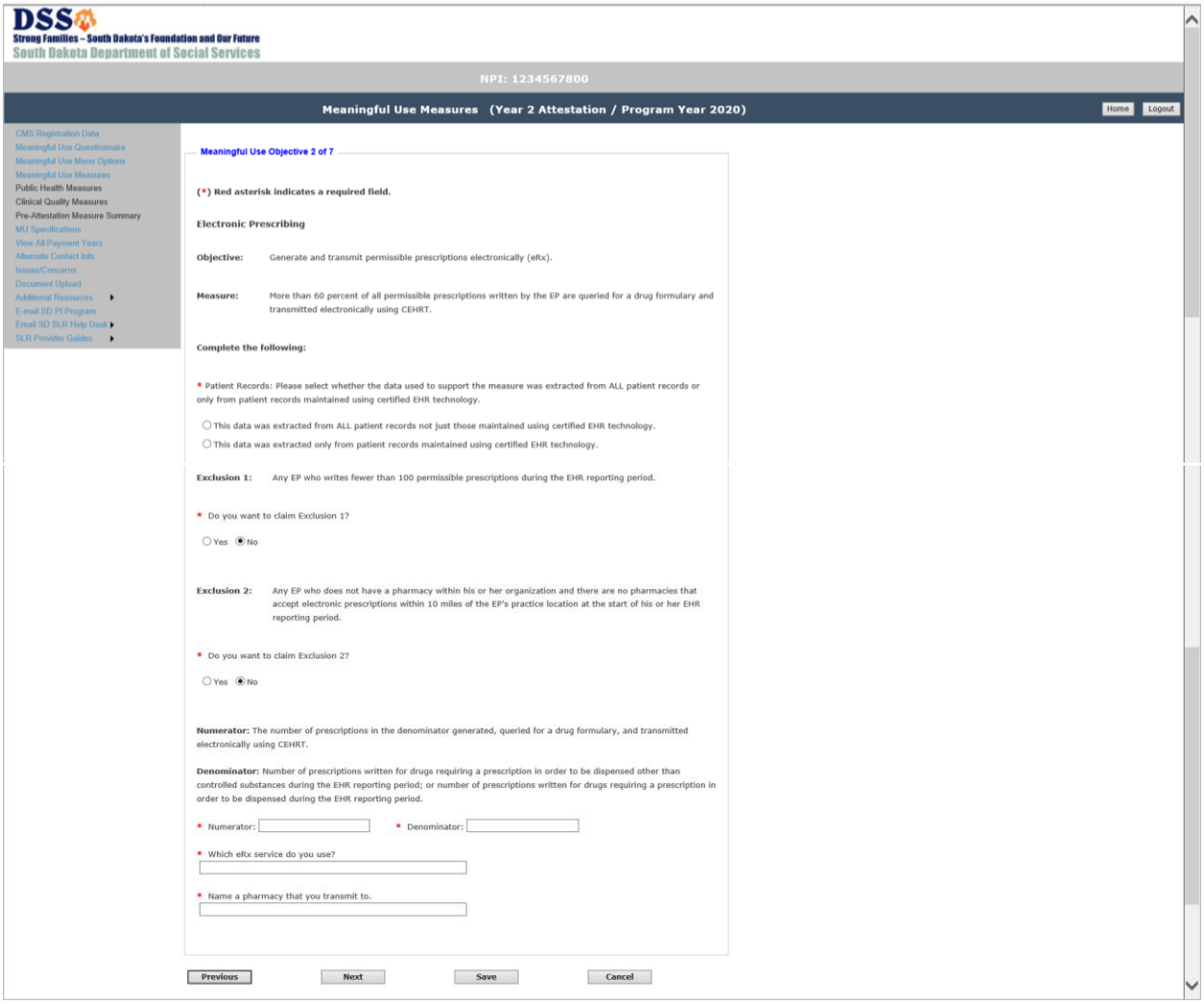
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

Objective 2- Electronic Prescribing

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required, and the EP should be allowed to save and continue to the next measure. The following details other requirements of this screen:

- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet the >60% threshold, N/D > 60%
- If an EP responds Yes to meet the exclusion criteria, then that also counts as meeting the measure
- Response to additional questions are required

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

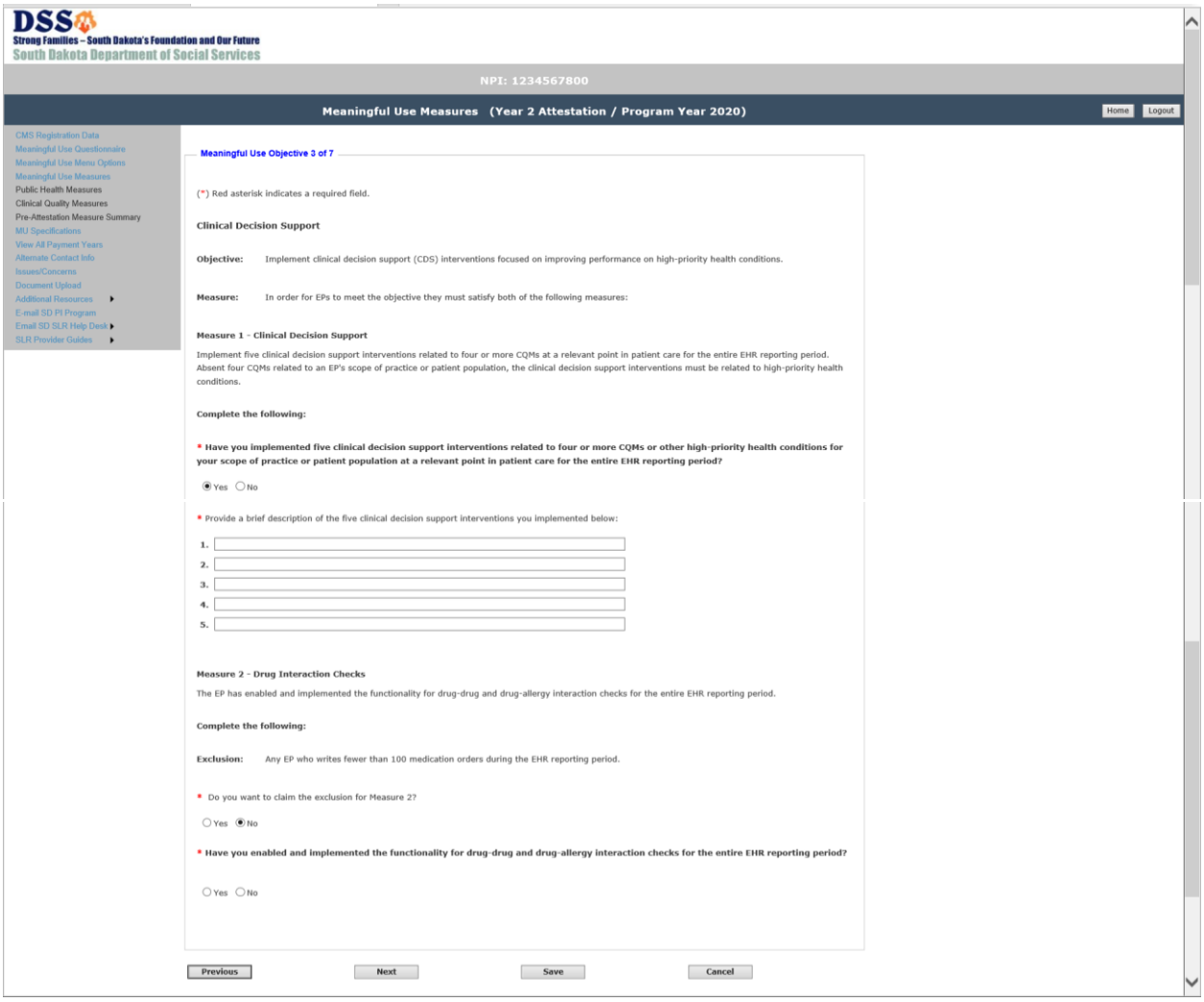
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

Objective 3- Clinical Decision Support

All fields must be completed before the EP will be allowed to save and continue to the next measure. The following details other requirements of this screen:

- Please select Yes or No for Measure 1
- Please select Yes or No for the exclusion for Measure 2
- Please select Yes or No for Measure 2
- Responses to additional questions are required

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

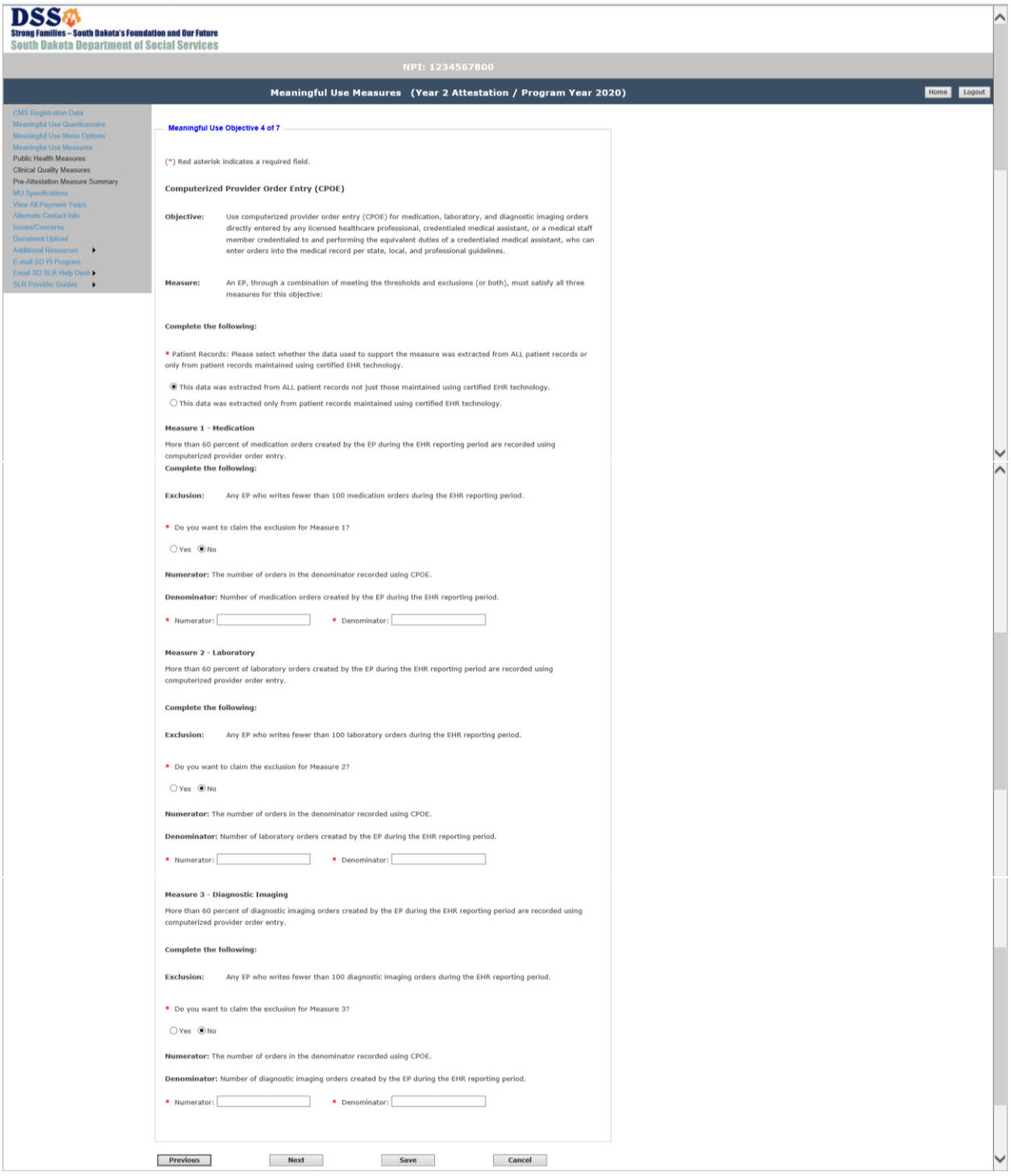
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

Objective 4- Computer Provider Order Entry (CPOE)

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required, and the EP should be allowed to continue to the next measure. The following details other requirements of this screen:

- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator:
    - If not excluded, the EP must meet the >60% threshold, N/D > 60% for Measure 1
    - If not excluded, the EP must meet the >60% threshold, N/D > 60% for Measures 2
    - If not excluded, the EP must meet the >60% threshold, N/D > 60% for Measures 3
    - If an EP responds Yes to the exclusion, then they have met the measure threshold
- Responses to additional questions are required

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

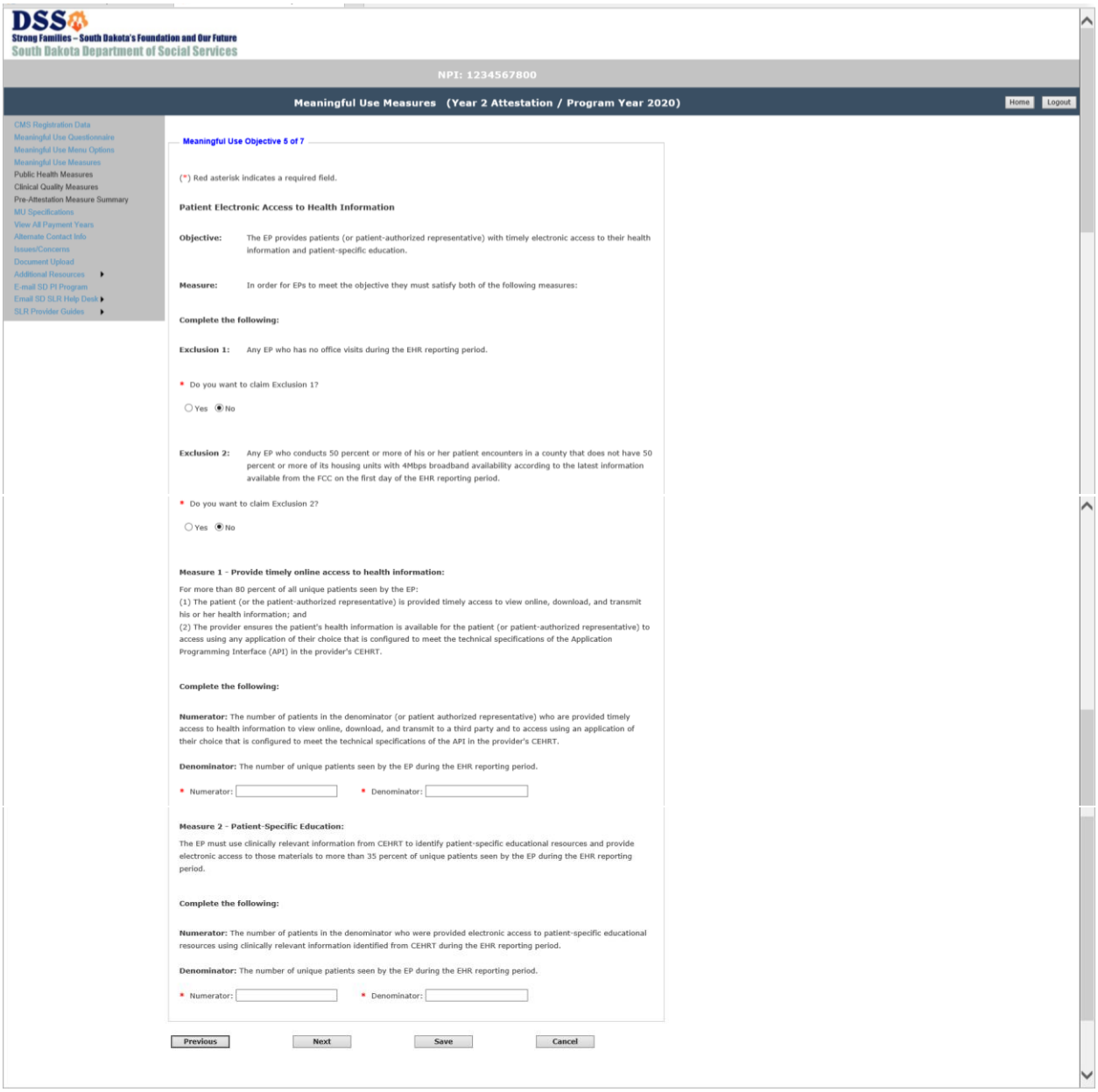
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

Objective 5- Patient Electronic Access to Health Information

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required, and the EP should be allowed to save and continue to the next measure. The following details the other requirements of this screen:

- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet the >80% threshold, N/D > 80% for Measure 1
- If not excluded, the EP must meet the threshold >35% threshold, N/D >35% for Measure 2
- If an EP responds Yes to the exclusion, then they have met the measure threshold

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

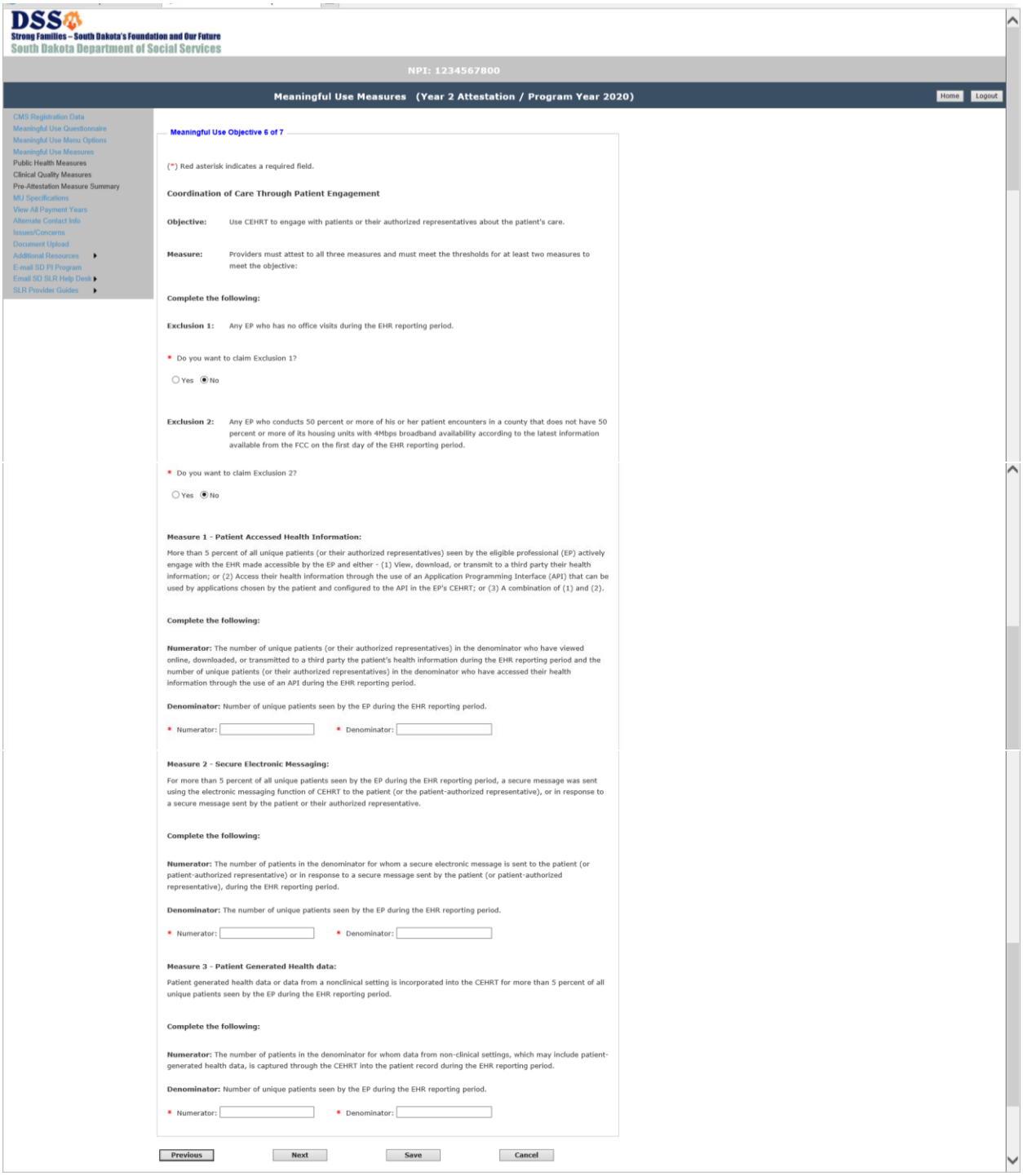
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

Objective 6- Coordination of Care through Patient Engagement

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required, and the EP should be allowed to save and continue to the next measure. The following details the other requirements of this screen:

- The EP must meet at least 2 of the three measures thresholds
- If an EP responds Yes to an exclusion, then they have met the measure threshold for the measure(s) that were excluded
- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet at least two of the thresholds for measures 1-3
    - Measure 1 >5% threshold, N/D > 5%
    - Measure 2 >5% threshold, N/D > 5%
    - Measure 3 >5% threshold, N/D > 5%
- Responses to additional questions are required

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

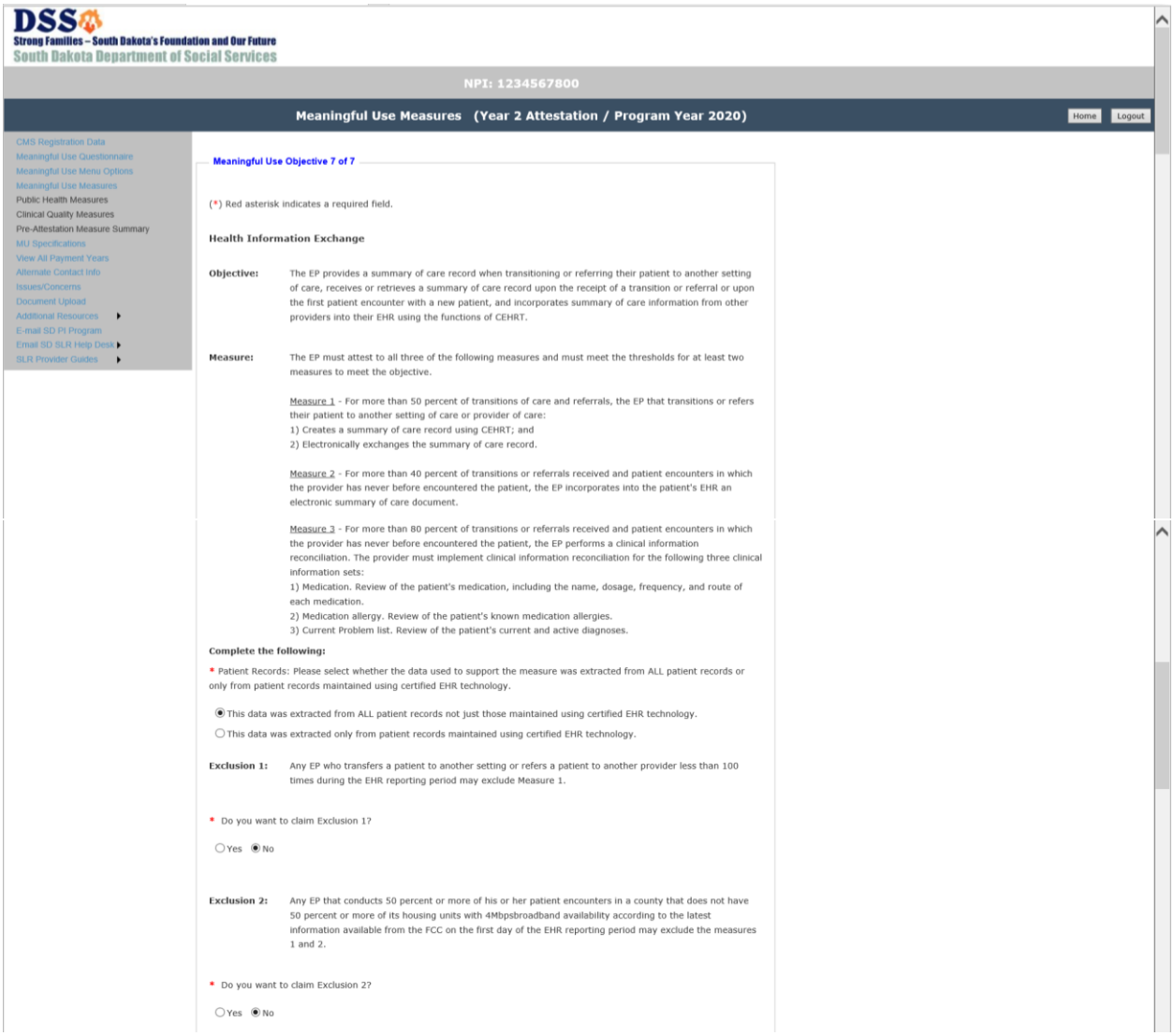
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

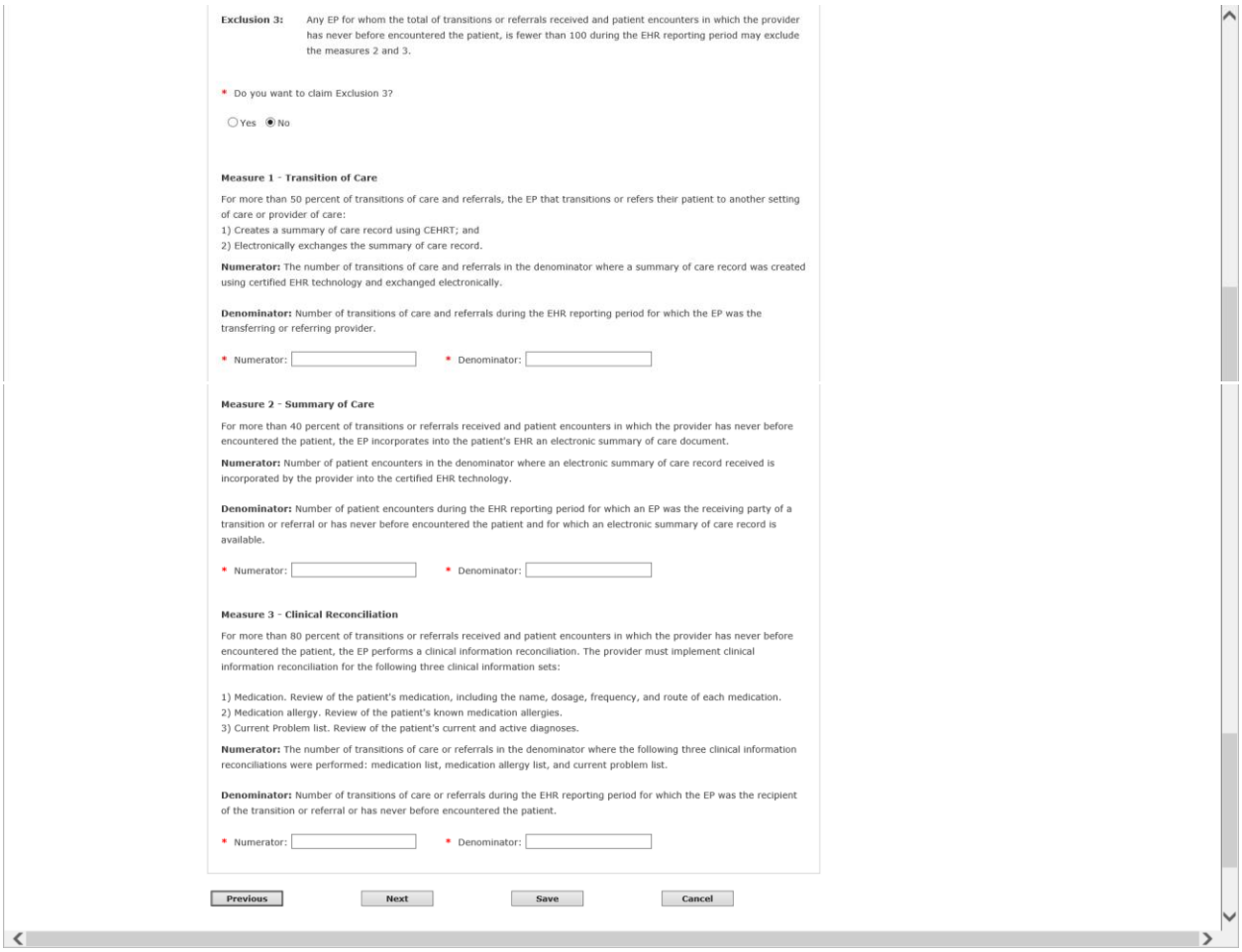
Objective 7- Health Information Exchange

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required, and the EP should be allowed to save and continue to the next measure. The following details the other requirements of this screen:

- The EP must meet at least 2 of the 3 Measures thresholds to satisfy the objective
- If an EP responds Yes to an exclusion, then they have met the measure threshold for the measure(s) that were excluded
- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet at least two of the thresholds for Measures 1-3
    - Measure 1 >50% threshold, N/D > 50%
    - Measure 2 >40% threshold, N/D > 40%
    - Measure 3 >80% threshold, N/D > 80%
- Responses to additional questions are required

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.


DSS
Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services
NPI: 1234567800
Meaningful Use Measures (Year 2 Attestation / Program Year 2020)
Home
Logout
CMS Registration Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Measures
Public Health Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
E-mail SD PI Program
Email SD SLR Help Desk
SLR Provider Guides
Meaningful Use Objective 7 of 7
(*) Red asterisk indicates a required field.
Health Information Exchange
Objective:
The EP provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of CEHRT.
Measure:
The EP must attest to all three of the following measures and must meet the thresholds for at least two measures to meet the objective.
Measure 1 - For more than 50 percent of transitions of care and referrals, the EP that transitions or refers their patient to another setting of care or provider of care:
1) Creates a summary of care record using CEHRT; and
2) Electronically exchanges the summary of care record.
Measure 2 - For more than 40 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP incorporates into the patient's EHR an electronic summary of care document.
Measure 3 - For more than 80 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP performs a clinical information reconciliation. The provider must implement clinical information reconciliation for the following three clinical information sets:
1) Medication. Review of the patient's medication, including the name, dosage, frequency, and route of each medication.
2) Medication allergy. Review of the patient's known medication allergies.
3) Current Problem list. Review of the patient's current and active diagnoses.
Complete the following:
* Patient Records: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.
This data was extracted from ALL patient records not just those maintained using certified EHR technology.
This data was extracted only from patient records maintained using certified EHR technology.
Exclusion 1:
Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period may exclude Measure 1.
* Do you want to claim Exclusion 1?
Yes
No
Exclusion 2:
Any EP that conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbpsbroadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude the measures 1 and 2.
* Do you want to claim Exclusion 2?
Yes
No



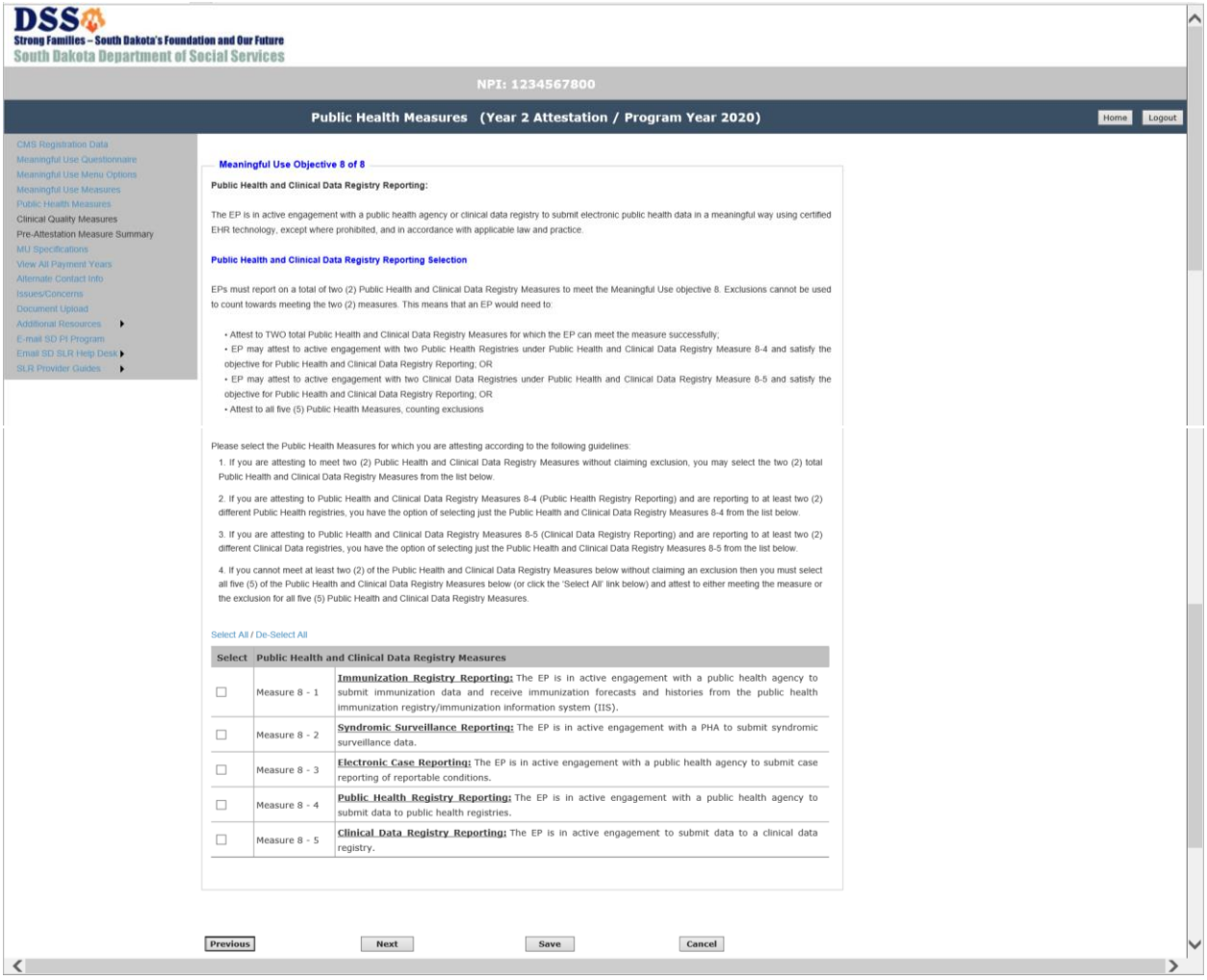
Navigation:

Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

Objective 8- Public Health and Clinical Registry Reporting

EPs must report on a total of two (2) Public Health and Clinical Data Registry Measures to meet the Meaningful Use Objective 8. Exclusions cannot be used to count towards meeting the two (2) measures. This means that an EP would need to:

- Attest to TWO total Public Health and Clinical Data Registry Measures for which the EP can meet the measure successfully;
- EP may attest to active engagement with two Public Health Registries under Public Health and Clinical Data Registry Measure 8-4 and satisfy the objective for Public Health and Clinical Data Registry Reporting; OR
- EP may attest to active engagement with two Clinical Data Registries under Public Health and Clinical Data Registry Measure 8-5 and satisfy the objective for Public Health and Clinical Data Registry Reporting; OR
- Attest to all five (5) Public Health Measures, counting exclusions



Navigation:

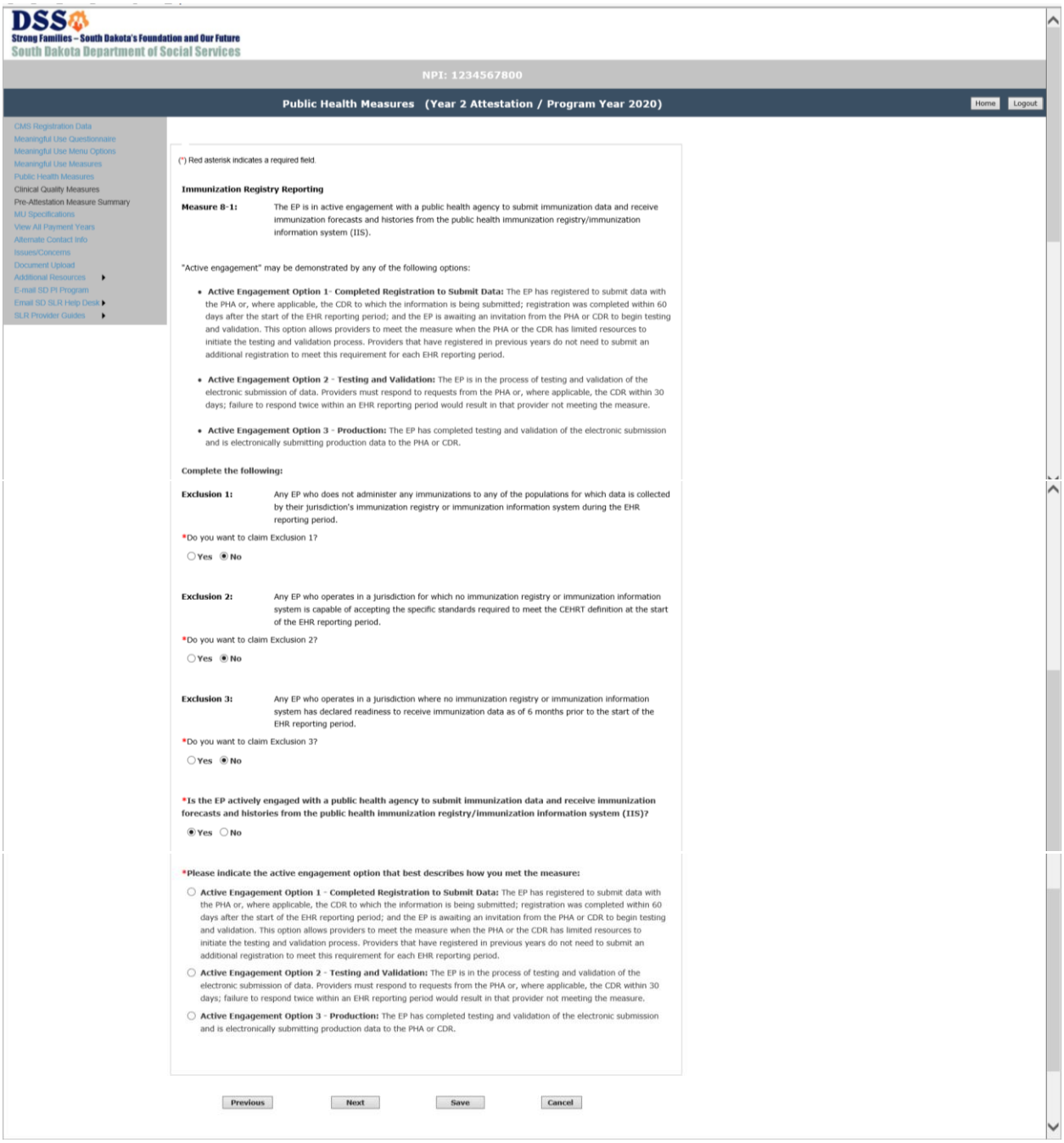
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

Measure 8-1: Immunization Registry Reporting

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required, and the EP should be allowed to save and continue to the next measure. The following details the other requirements of this screen:

- Exclusion response required
- If not excluded, then the response to the measure is required
- If the measure response is 'Yes', the EP must select how they met active engagement for the measure

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

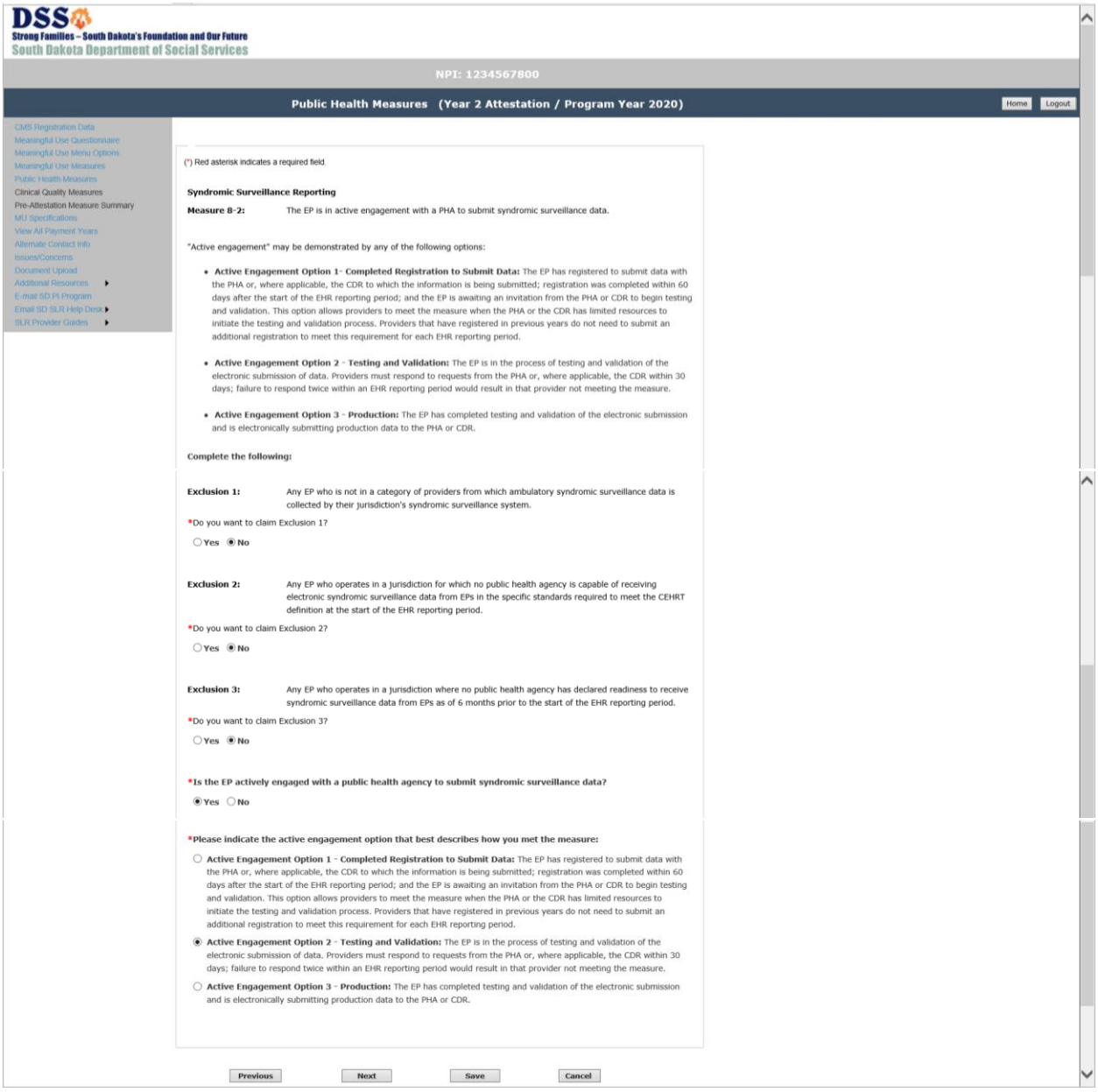
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

Measure 8-2: Syndromic Surveillance Reporting

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required, and the EP should be allowed to save and continue to the next measure. The following details the other requirements of this screen:

- Exclusion response required
- If not excluded, then the response to the measure is required
- If the measure response is 'Yes', the EP must select how they met active engagement for the measure

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

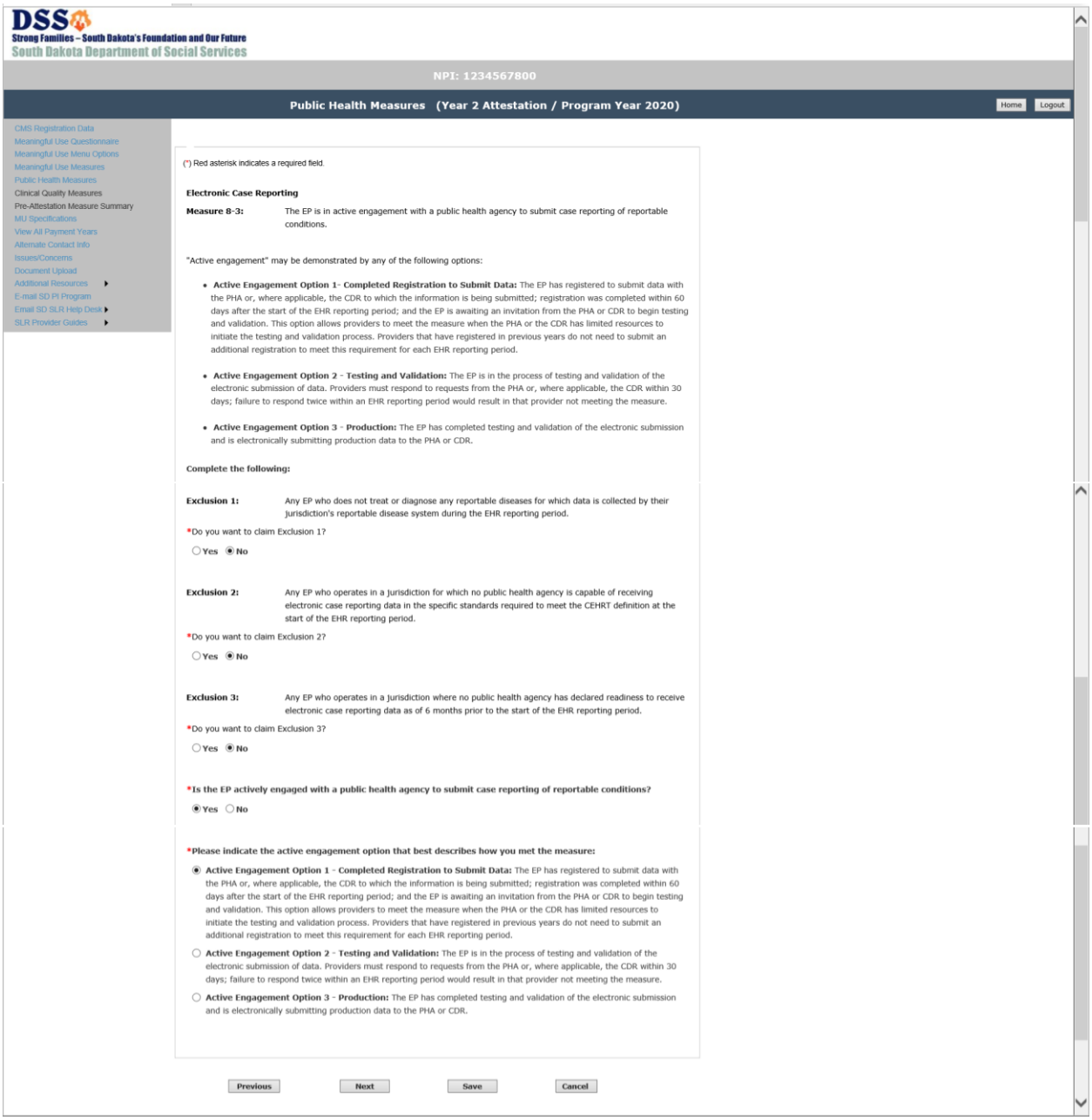
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

Measure 8-3: Electronic Case Reporting

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required, and the EP should be allowed to save and continue to the next measure. The following details the other requirements of this screen:

- Exclusion response required
- If not excluded, then the response to the measure is required
- If the measure response is 'Yes', the EP must select how they met active engagement for the measure

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

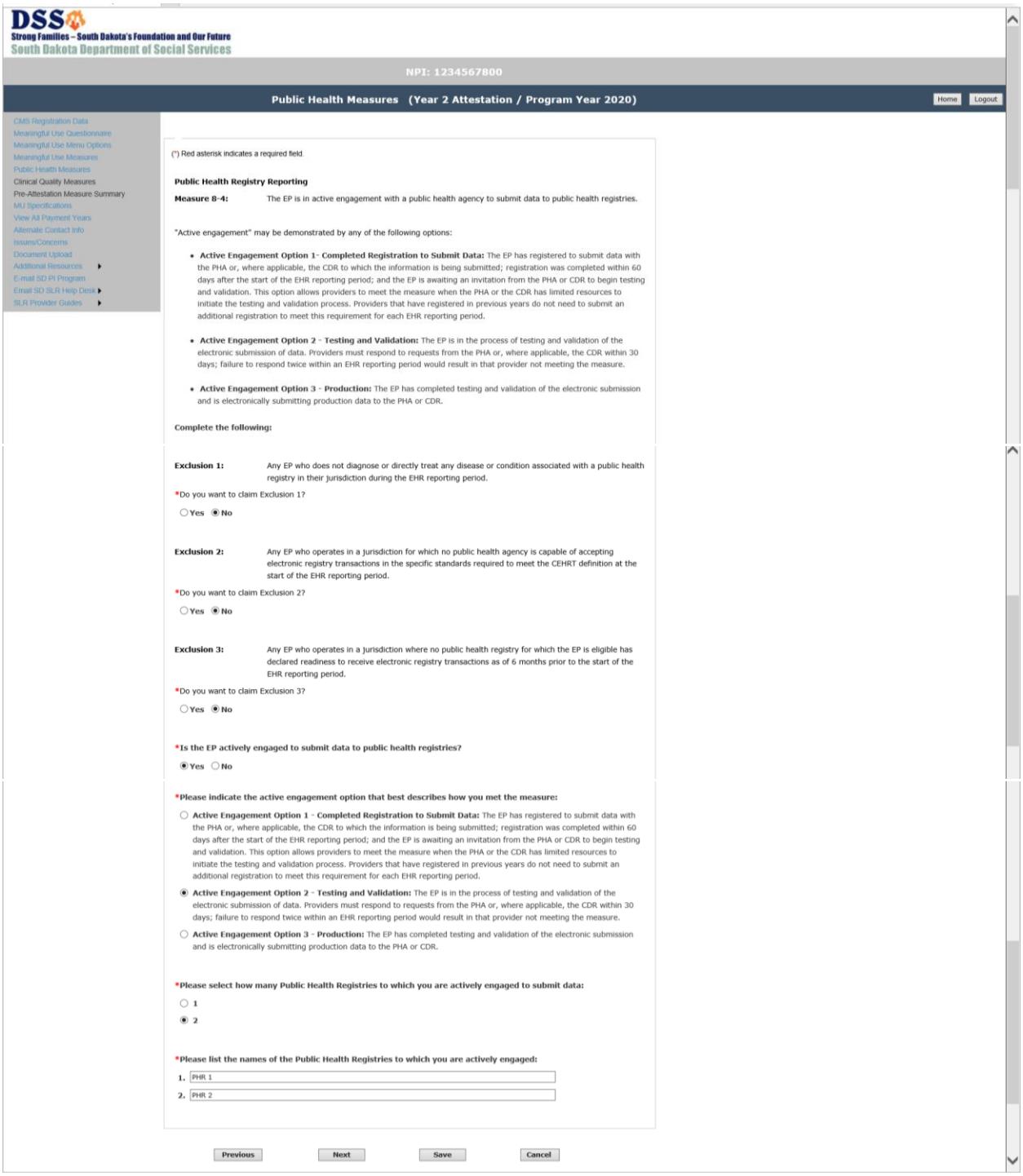
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

Measure 8-4: Public Health Registry Reporting

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required, and the EP should be allowed to save and continue to the next measure. The following details the other requirements of this screen:

- Exclusion response required
- If not excluded, then the response to the measure is required
- If the measure response is 'Yes', the EP must select how they met active engagement for the measure
- If the measure response is 'Yes', the EP must select the number of specialized registries to they are in active engagement with for reporting
- If the measure response is 'Yes', the EP must provide the name of the specialized registries for which they are reporting

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

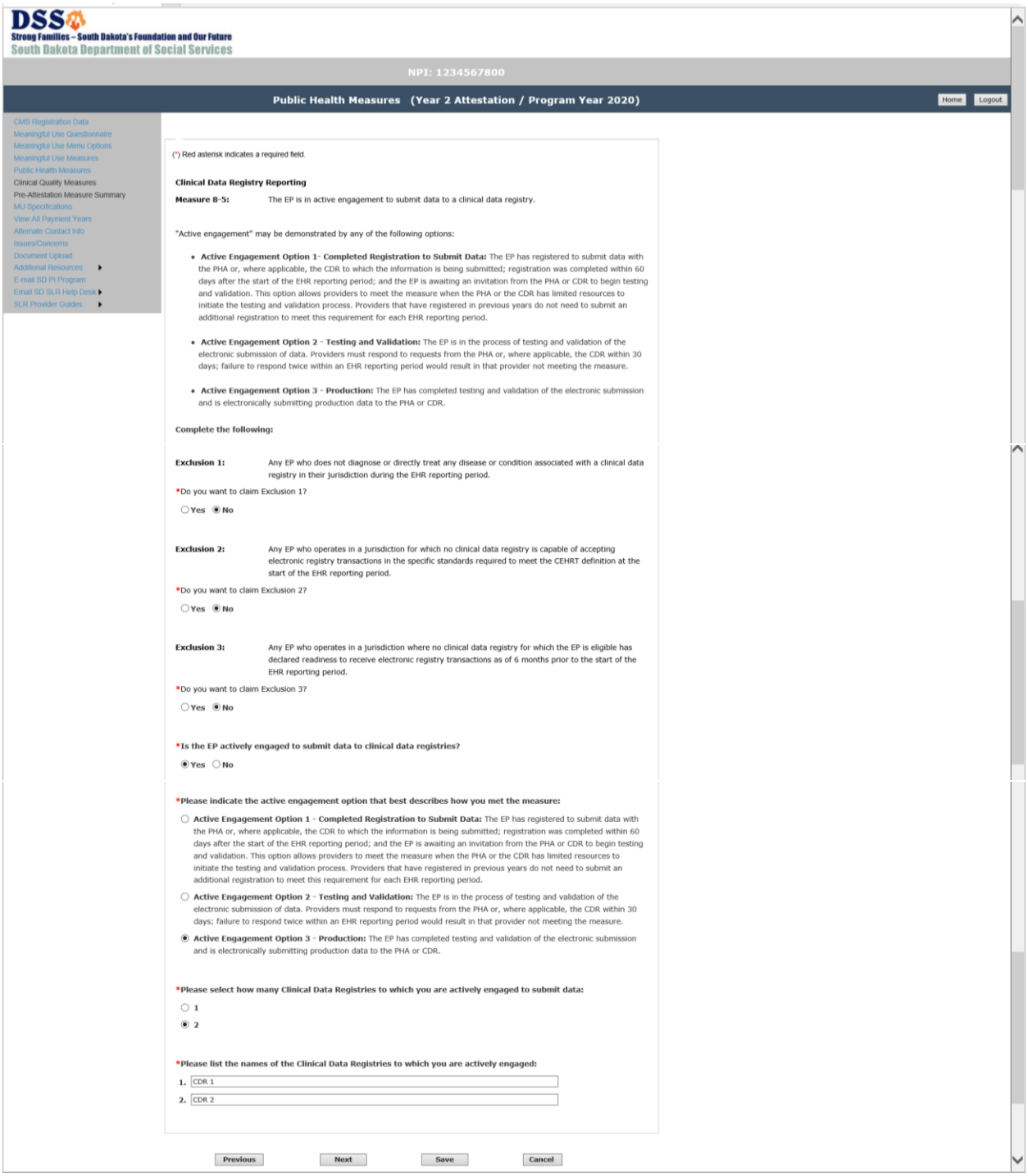
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

Measure 8-5: Clinical Data Registry Reporting

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required, and the EP should be allowed to save and continue to the next measure. The following details the other requirements of this screen:

- Exclusion response required
- If not excluded, then the response to the measure is required
- If the measure response is 'Yes', the EP must select how they met active engagement for the measure
- If the measure response is 'Yes', the EP must select the number of specialized registries to they are in active engagement with for reporting
- If the measure response is 'Yes', the EP must provide the name of the specialized registries for which they are reporting

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

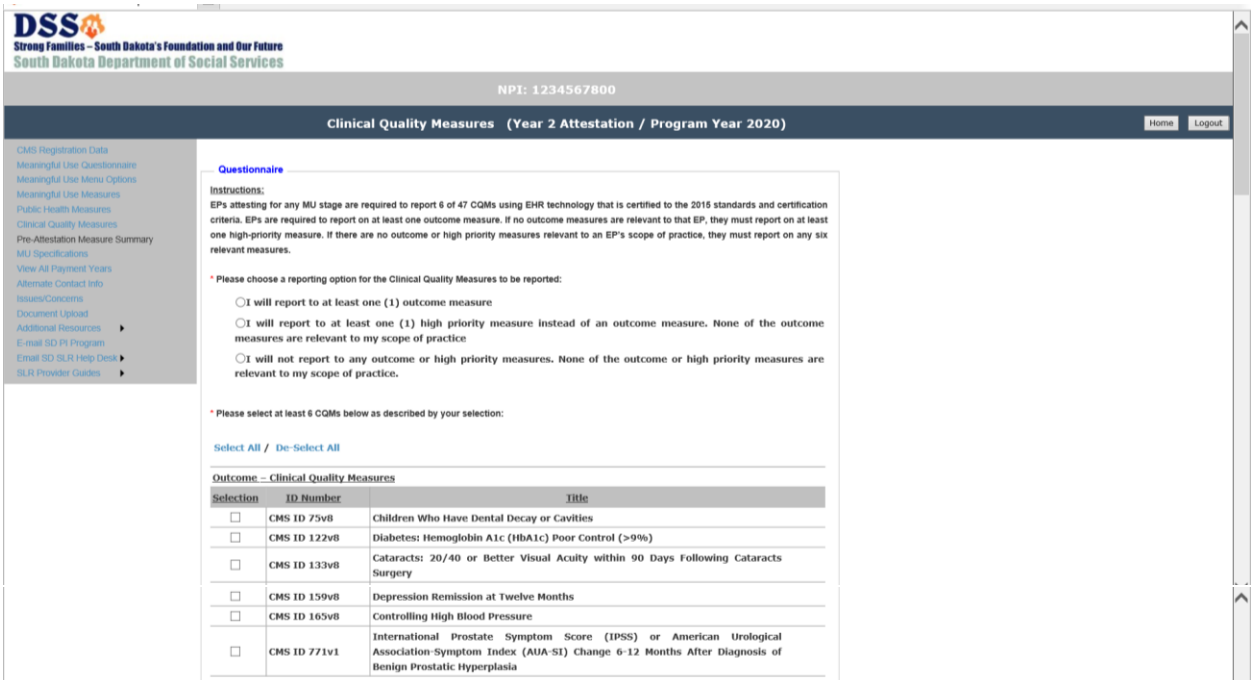
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CQM Selection Screen

EPs attesting for any MU stage are required to report 6 of 47 CQMs using EHR technology that is certified to the 2015 standards and certification criteria. EPs are required to report on at least one outcome measure. If no outcome measures are relevant to that EP, they must report on at least one high-priority measure. If there are no outcome or high priority measures relevant to an EP's scope of practice, they must report on any six relevant measures.

Please select 6 or more CQMs listed below using the following guidelines:

- Selection of a CQM reporting option is required
- If you select to report to at least one outcome measure, then your selection of at least 6 CQMs should contain at least one CQM from the outcome measure list
- If you select to report to at least one high priority measure, then your selection of at least 6 CQMs should contain at least one CQM from the high priority measure list
- If you select to report neither outcome nor high priority measures, then your selection of at least 6 CQMs should contain at least 6 CQM from the additional measure list
- If you do not have 6 CQMs to report with patient data, you may enter "0" for the CQMs for which you do not have patient data


DSS
Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services
NPI: 1234567800
Clinical Quality Measures (Year 2 Attestation / Program Year 2020)
Home
Logout
CMS Registration Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Measures
Public Health Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
E-mail SD PI Program
Email SD SLR Help Desk
SLR Provider Guides
Questionnaire
Instructions:
EPs attesting for any MU stage are required to report 6 of 47 CQMs using EHR technology that is certified to the 2015 standards and certification criteria. EPs are required to report on at least one outcome measure. If no outcome measures are relevant to that EP, they must report on at least one high-priority measure. If there are no outcome or high priority measures relevant to an EP's scope of practice, they must report on any six relevant measures.
* Please choose a reporting option for the Clinical Quality Measures to be reported:
I will report to at least one (1) outcome measure
I will report to at least one (1) high priority measure instead of an outcome measure. None of the outcome measures are relevant to my scope of practice
I will not report to any outcome or high priority measures. None of the outcome or high priority measures are relevant to my scope of practice.
* Please select at least 6 CQMs below as described by your selection:
Select All / De-Select All
Outcome – Clinical Quality Measures
Selection
ID Number
Title
CMS ID 75v8
Children Who Have Dental Decay or Cavities
CMS ID 122v8
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)
CMS ID 133v8
Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataracts Surgery
CMS ID 159v8
Depression Remission at Twelve Months
CMS ID 165v8
Controlling High Blood Pressure
CMS ID 771v1
International Prostate Symptom Score (IPSS) or American Urological Association-Symptom Index (AUA-SI) Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia

High Priority – Clinical Quality Measures		
☐	CMS ID 2v9	Preventive Care and Screening: Screening for Depression and Follow-Up Plan
☐	CMS ID 50v8	Closing the Referral Loop: Receipt of Specialist Report
☐	CMS ID 56v8	Functional Status Assessment for Total Hip Replacement
☐	CMS ID 66v8	Functional Status Assessment for Total Knee Replacement
☐	CMS ID 68v9	Documentation of Current Medications in the Medical Record
☐	CMS ID 90v9	Functional Status Assessments for Congestive Heart Failure
☐	CMS ID 125v8	Breast Cancer Screening
☐	CMS ID 128v8	Anti-Depressant Medication Management
☐	CMS ID 129v9	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
☐	CMS ID 136v9	Follow-Up Care for Children Prescribed ADHD Medication (ADD)
☐	CMS ID 137v8	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
☐	CMS ID 139v8	Falls: Screening for Future Fall Risks
☐	CMS ID 142v8	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
☐	CMS ID 146v8	Appropriate Testing for Children with Pharyngitis
☐	CMS ID 153v8	Chlamydia Screening for Women
☐	CMS ID 154v8	Appropriate Treatment for Children with Upper Respiratory Infection (URI)
☐	CMS ID 155v8	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
☐	CMS ID 156v8	Use of High-Risk Medications in the Elderly
☐	CMS ID 157v8	Oncology: Medical and Radiation – Pain Intensity Quantified
☐	CMS ID 177v8	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment
☐	CMS ID 249v2	Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture
Additional – Clinical Quality Measures		
☐	CMS ID 22v8	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
☐	CMS ID 69v8	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
☐	CMS ID 74v9	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists
☐	CMS ID 117v8	Childhood Immunization Status
☐	CMS ID 124v8	Cervical Cancer Screening
☐	CMS ID 127v8	Pneumococcal Vaccination Status for Older Adults
☐	CMS ID 130v8	Colorectal Cancer Screening
☐	CMS ID 131v8	Diabetes: Eye Exam
☐	CMS ID 134v8	Diabetes: Medical Attention for Nephropathy
☐	CMS ID 135v8	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Neprilysin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
☐	CMS ID 138v8	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
☐	CMS ID 143v8	Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation
☐	CMS ID 144v8	Heart Failure (HF): Beta Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
☐	CMS ID 145v8	Coronary Artery Disease (CAD): Beta Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)
☐	CMS ID 147v9	Preventive Care and Screening: Influenza Immunization
☐	CMS ID 149v8	Dementia: Cognitive Assessment
☐	CMS ID 161v8	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment
☐	CMS ID 347v3	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
☐	CMS ID 349v2	HIV Screening
☐	CMS ID 645v3	Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy

Previous Save & Continue

Navigation:

Previous Button – Takes the EP to the previous screen

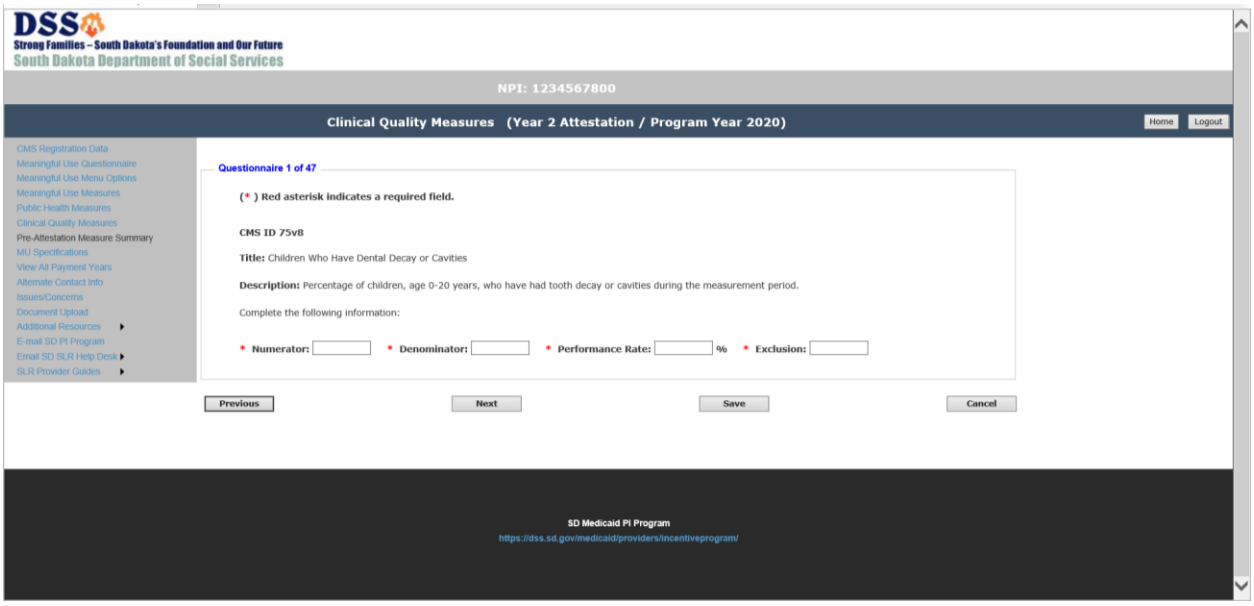
Save & Continue Button – Saves the data entered and takes the EP to the next attestation screen

CMS ID 75v8: Children Who Have Dental Decay or Cavities

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

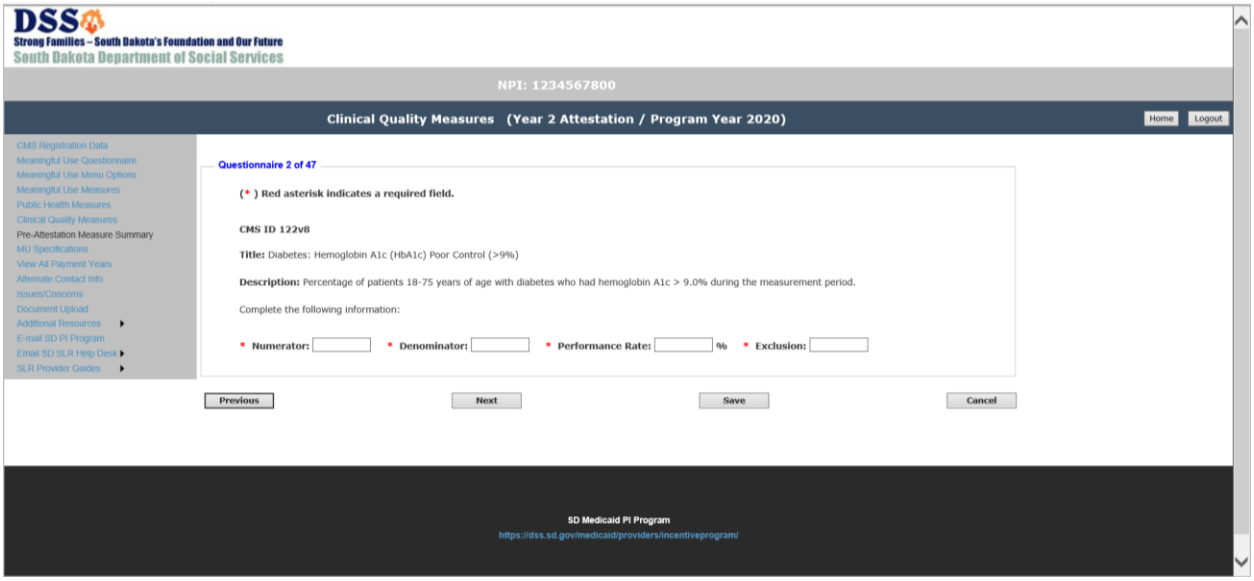
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 122v8: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

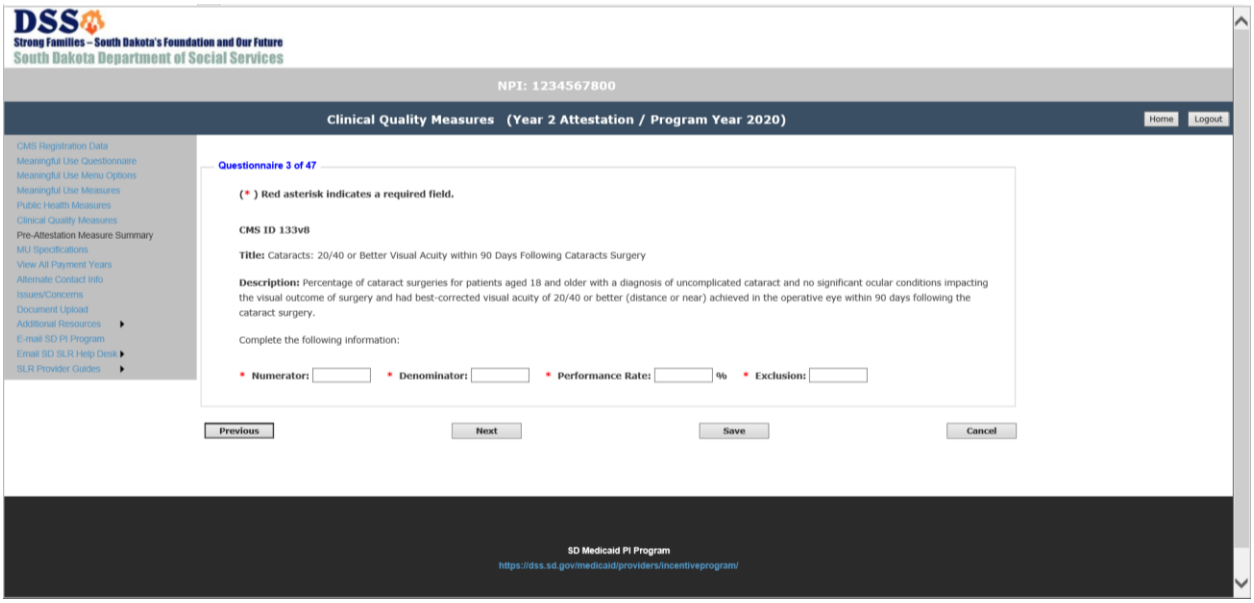
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 133v8: Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataracts Surgery

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

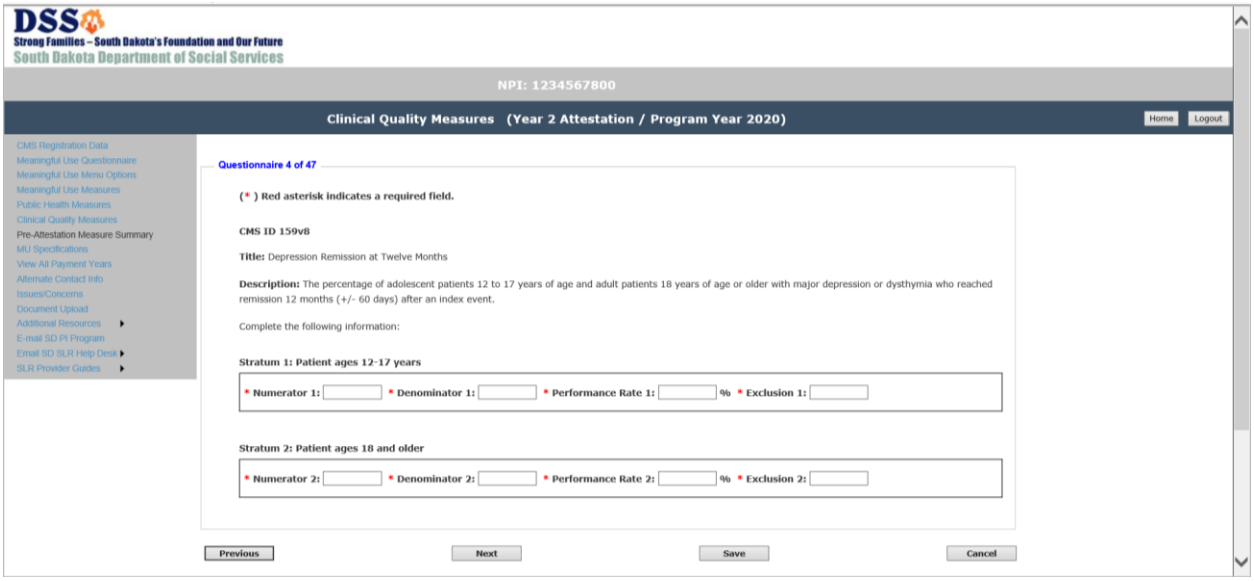
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 159v8: Depression Remission at Twelve Months

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter exclusions: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

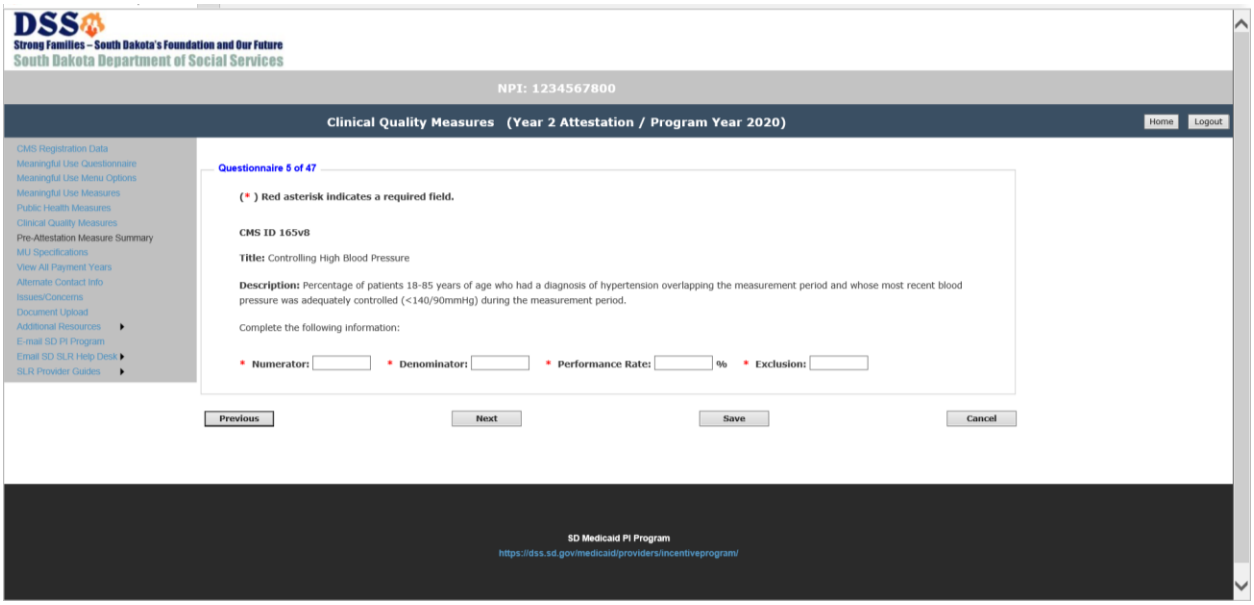
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 165v8: Controlling High Blood Pressure

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

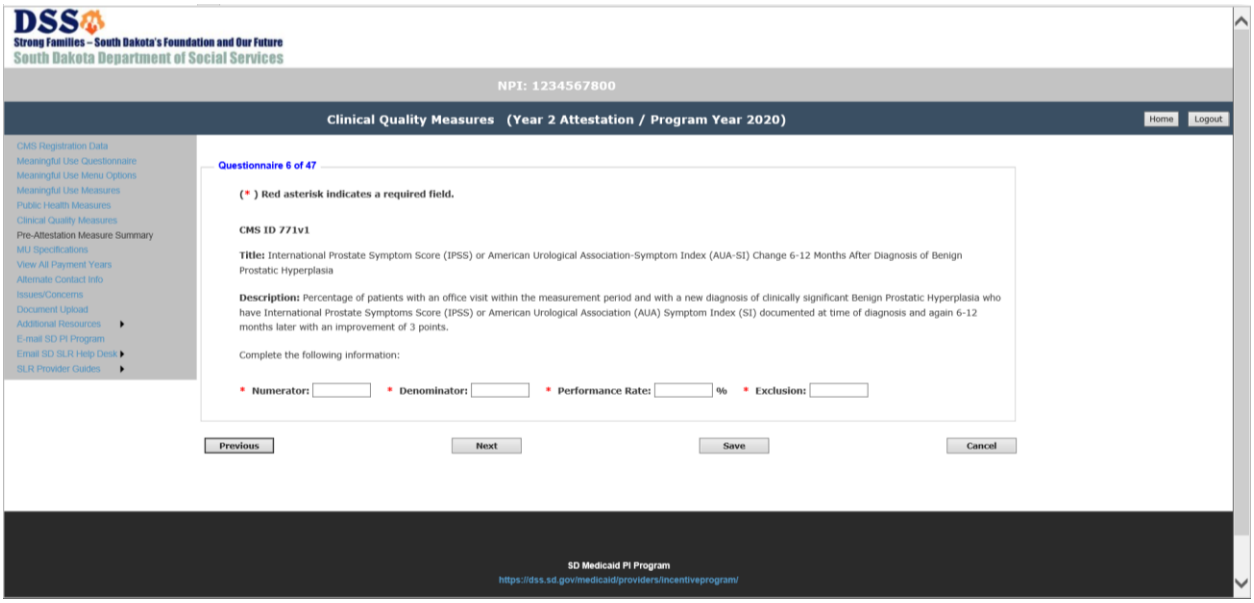
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 771v1: International Prostate Symptom Score (IPSS) or American Urological Association-Symptom Index (AUA-SI) Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

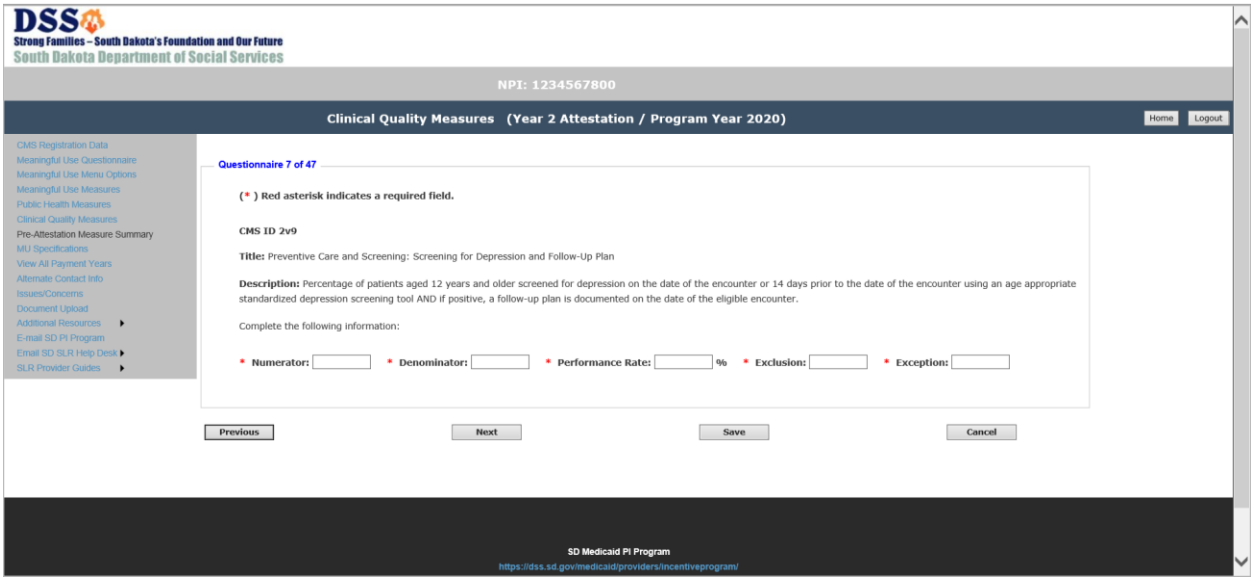
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 2v9: Preventive Care and Screening: Screening for Depression and Follow-Up Plan

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number
- Please enter an exception: 0 is acceptable if that was reporting by the EHR technology
- Exceptions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

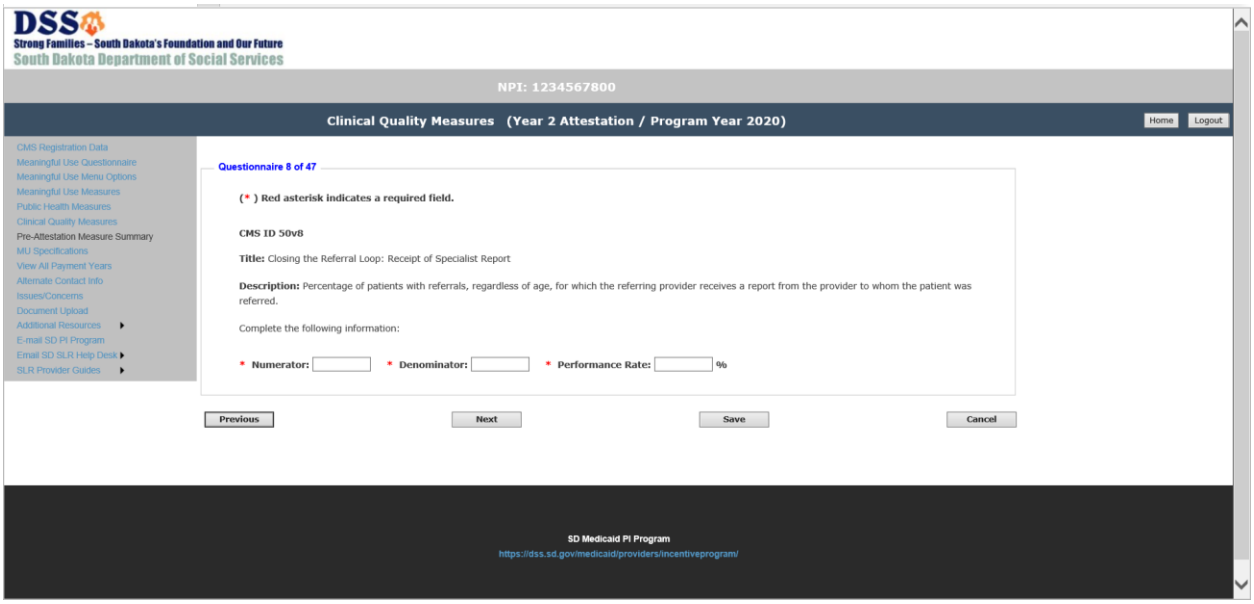
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 50v8: Closing the Referral Loop: Receipt of Specialist Report

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

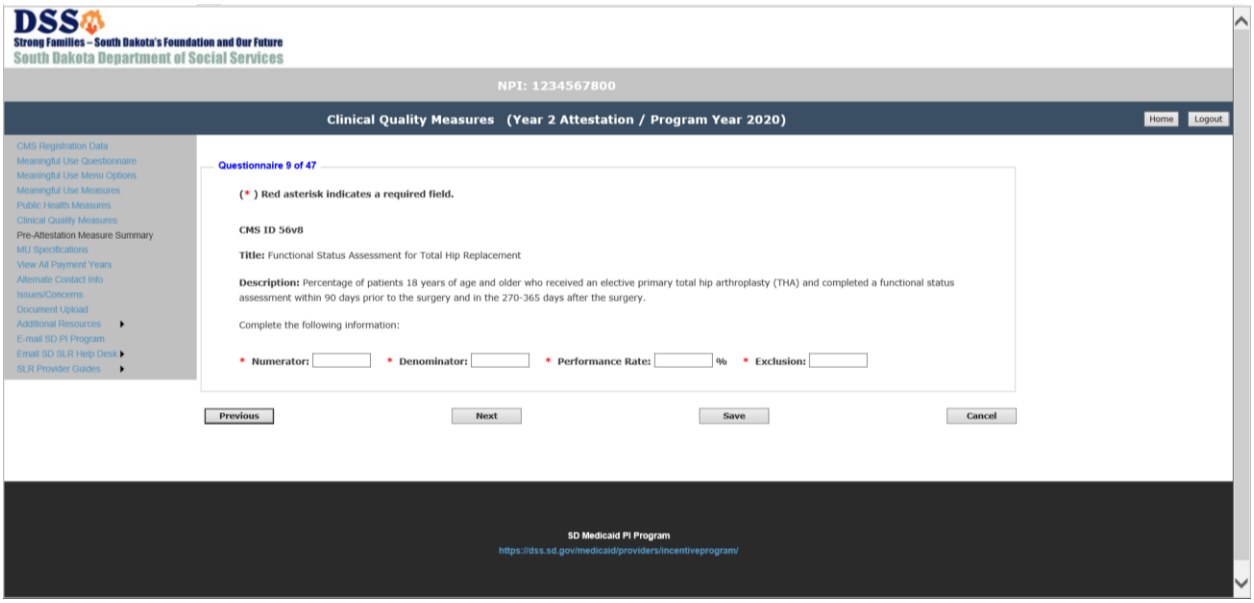
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 56v8: Functional Status Assessment for Total Hip Replacement

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

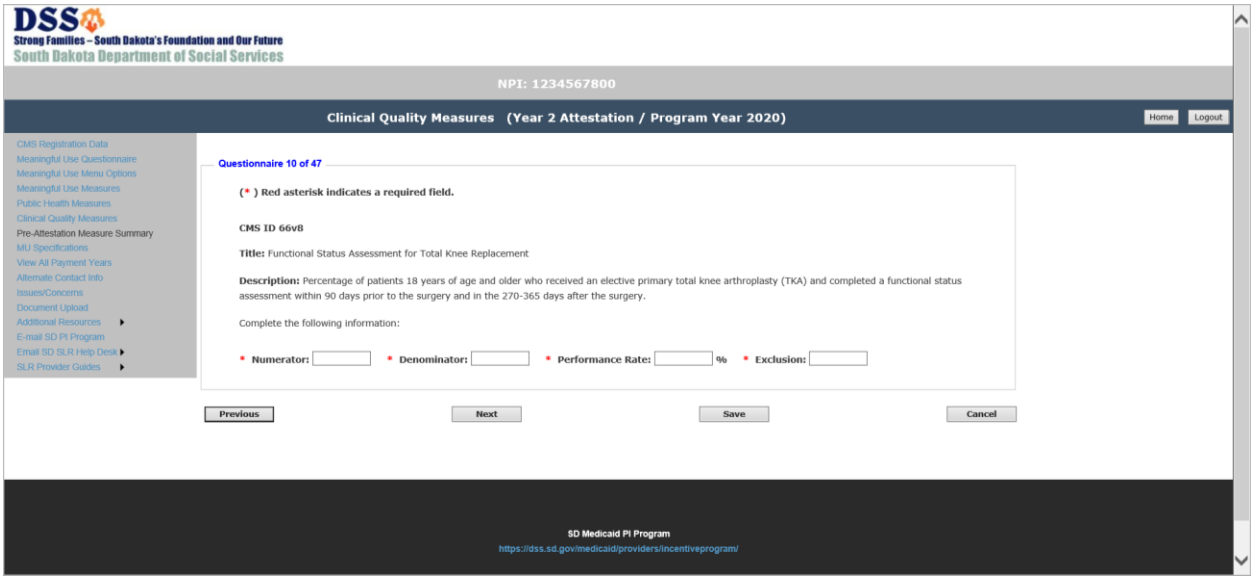
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 66v8: Functional Status Assessment for Total Knee Replacement

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

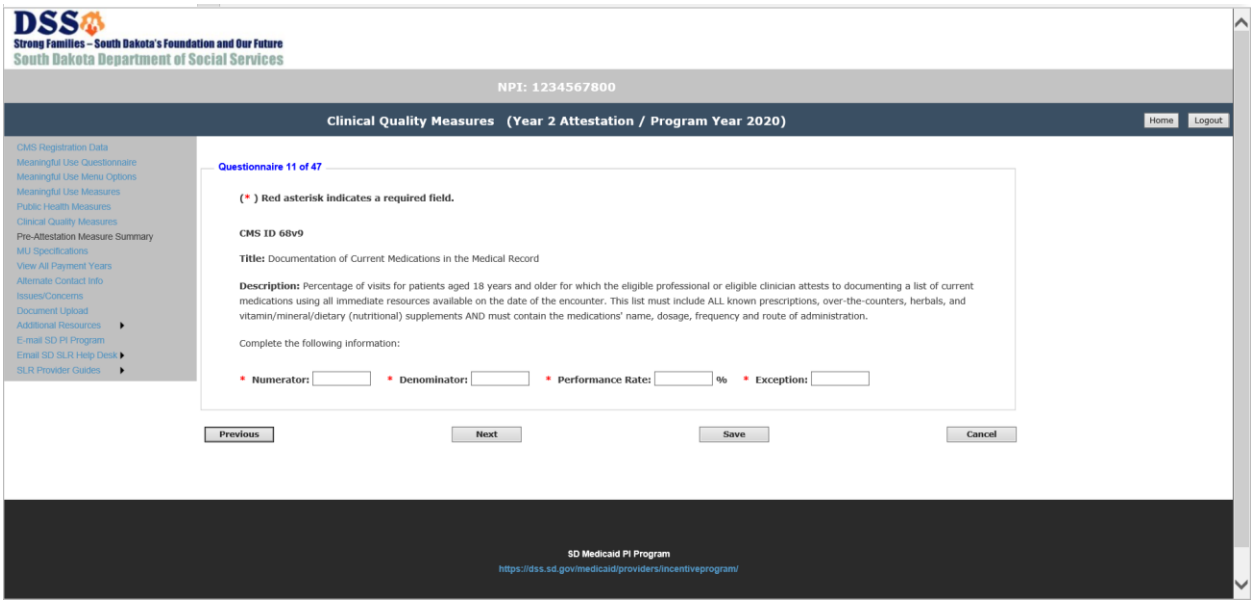
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 68v9: Documentation of Current Medications in the Medical Record

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exception: 0 is acceptable if that was reporting by the EHR technology
- Exceptions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 90v9: Functional Status Assessment for Congestive Heart Failure

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

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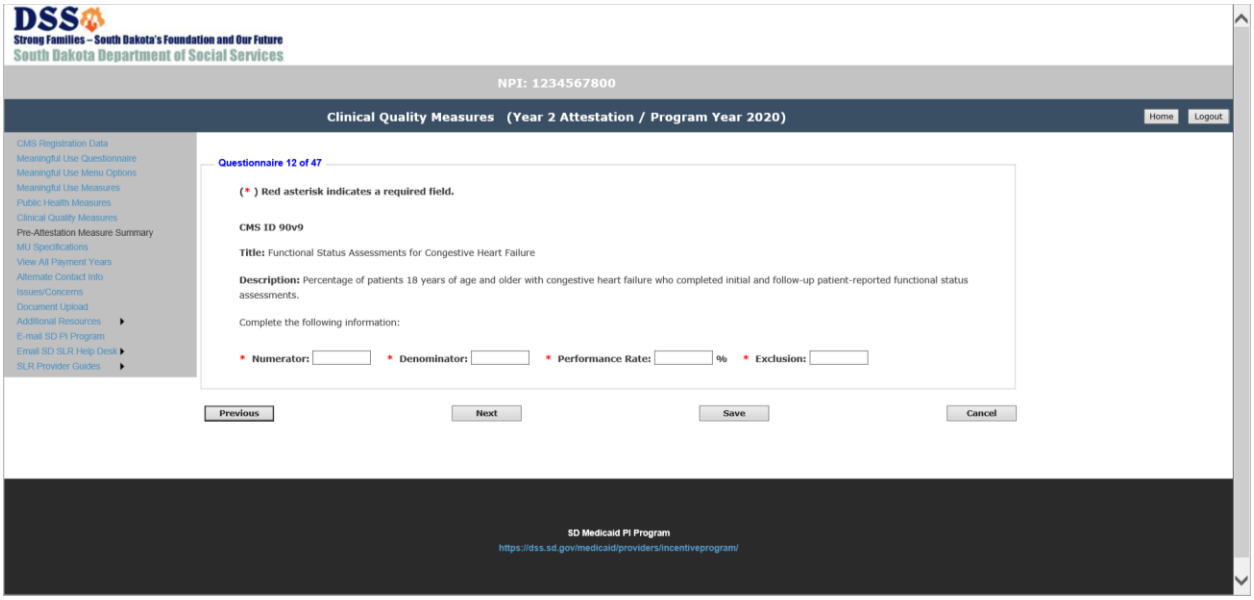


Navigation:

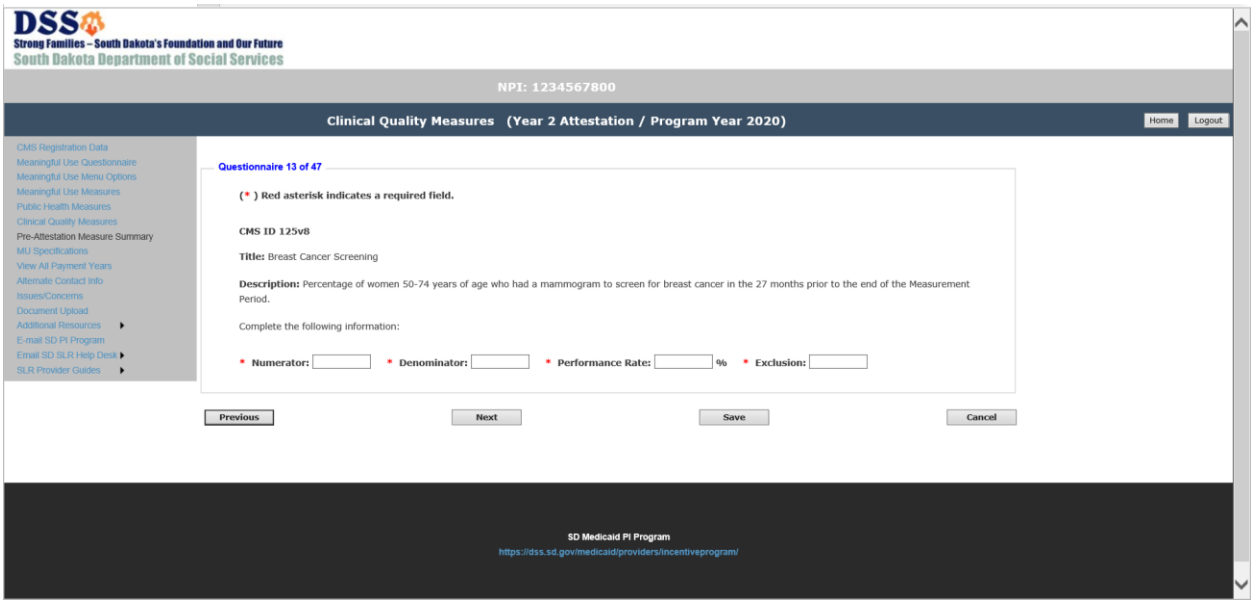
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 125v8: Breast Cancer Screening

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

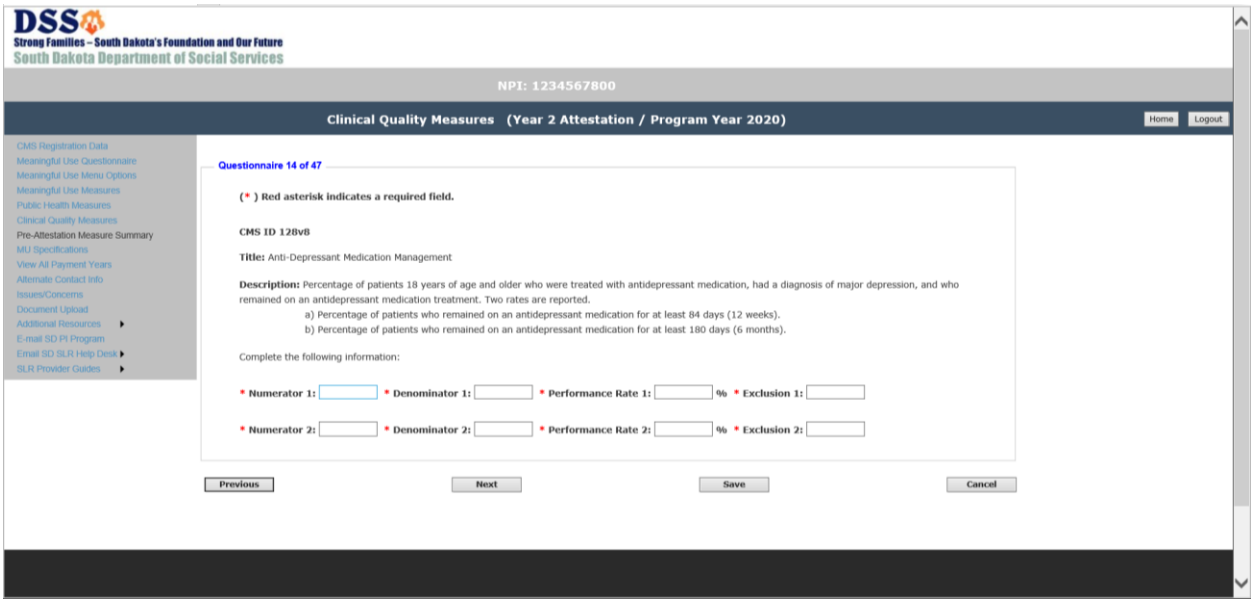
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 128v8: Anti-Depressant Medication Management

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

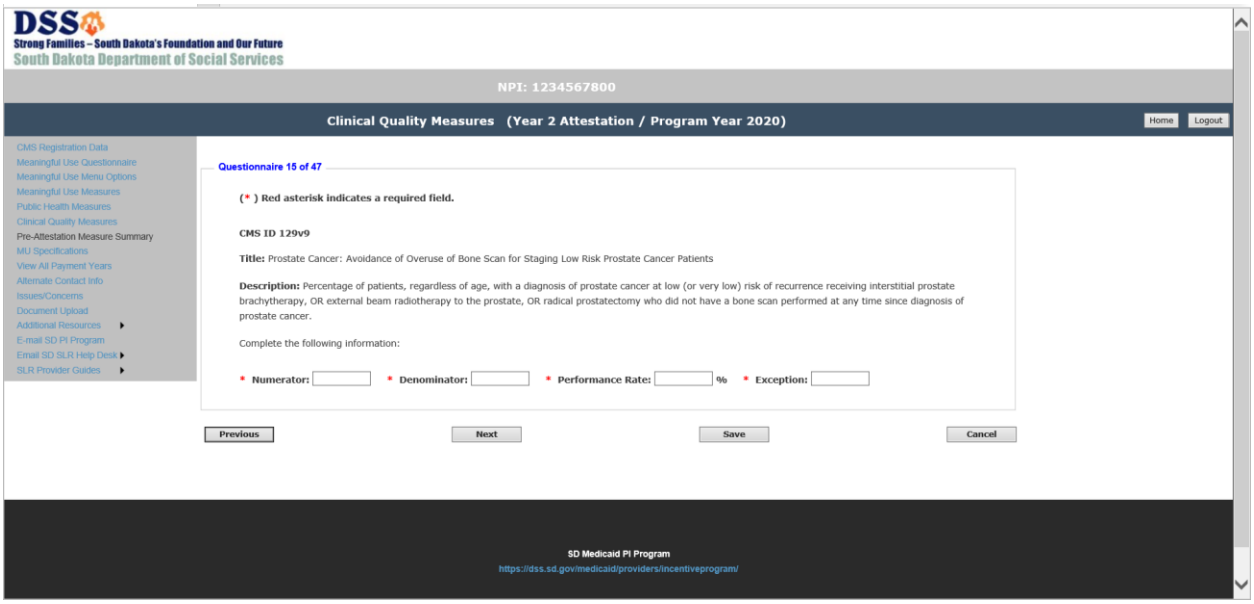
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 129v9: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exception: 0 is acceptable if that was reporting by the EHR technology
- Exceptions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 136v9: Follow-Up Care for Children Prescribed ADHD Medication (ADD)

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
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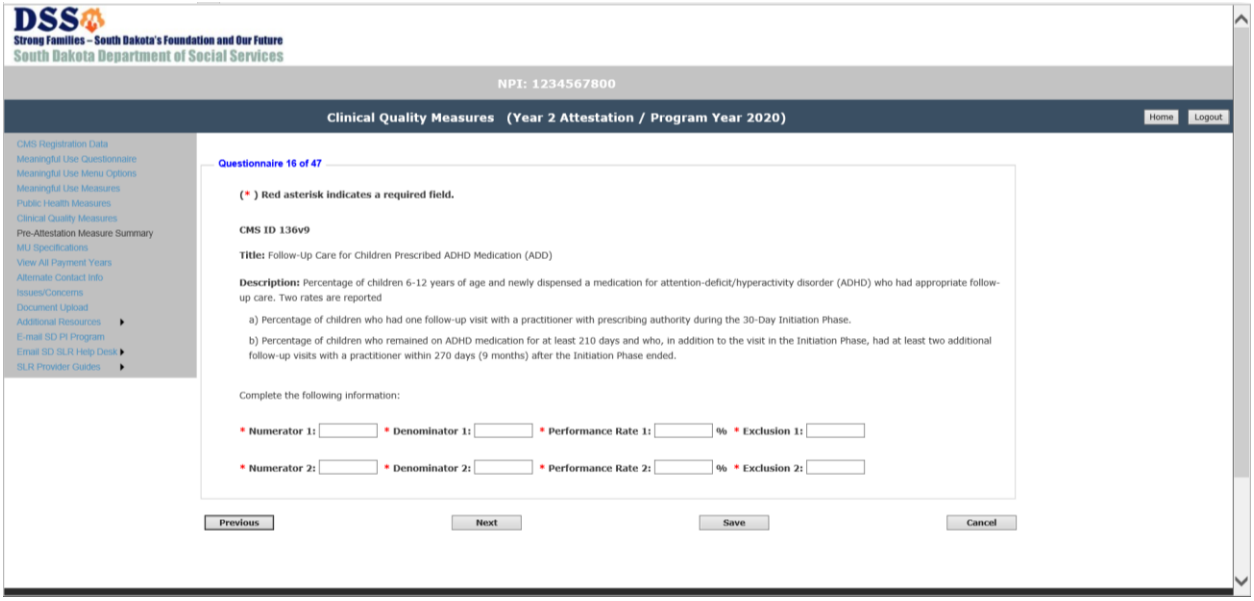


Navigation:

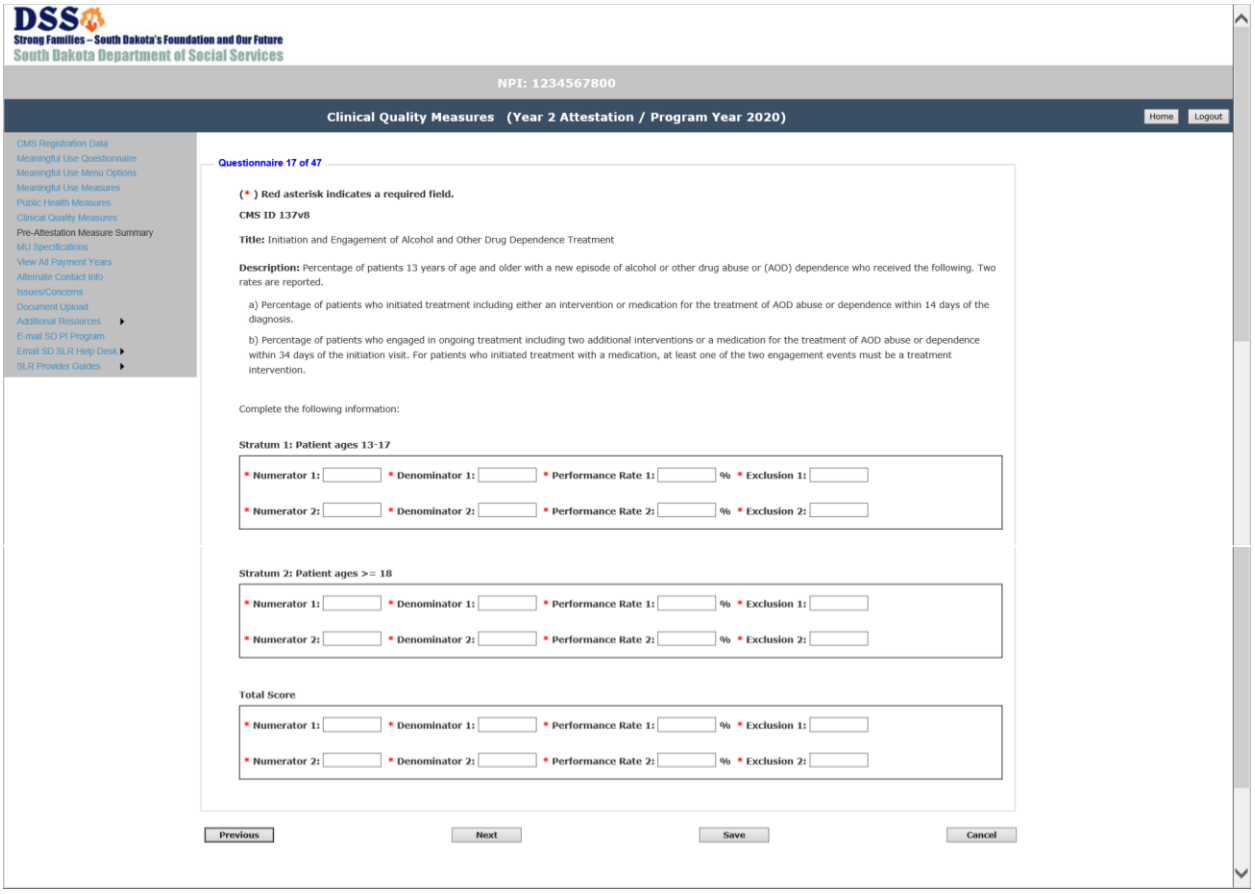
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 137v8: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

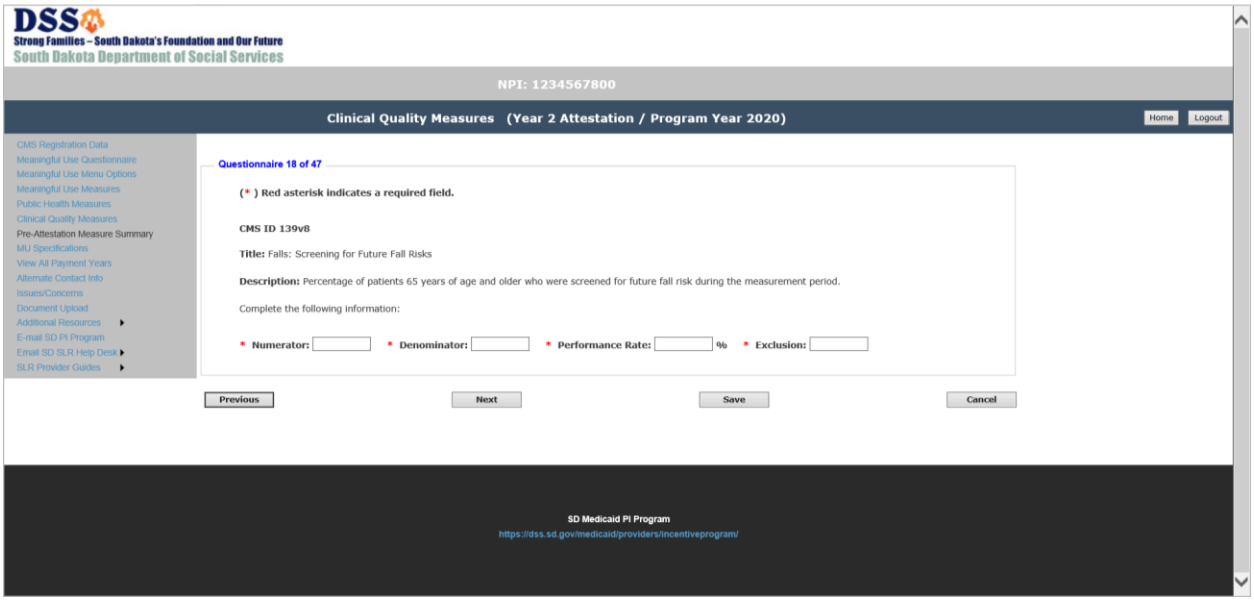
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 139v8: Falls: Screening for Future Fall Risks

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

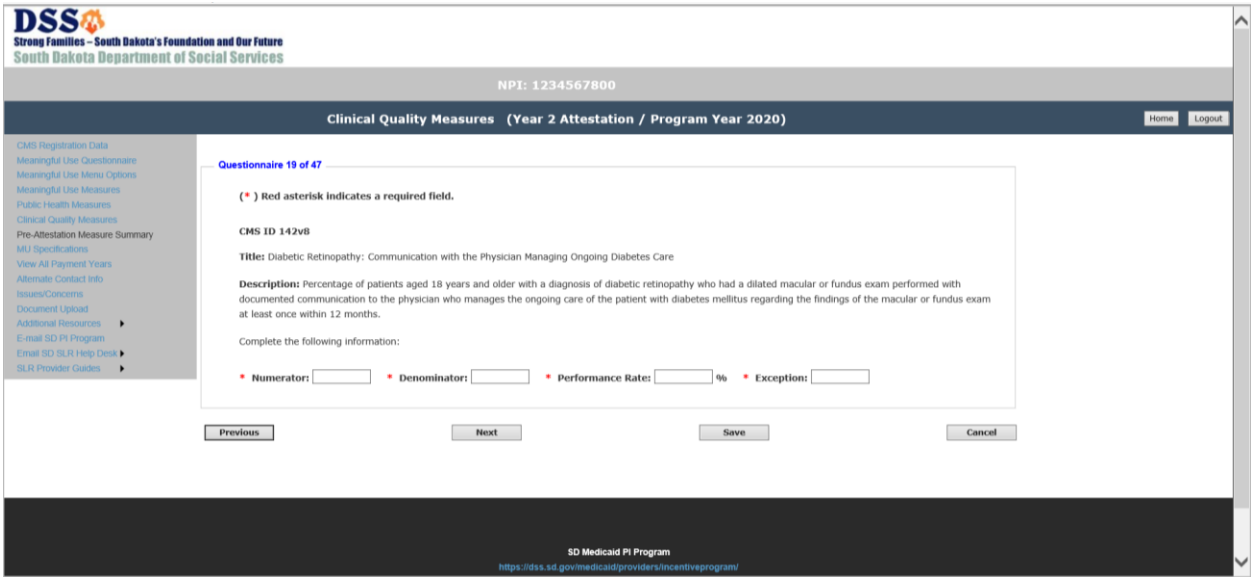
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 142v8: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exception: 0 is acceptable if that was reporting by the EHR technology
- Exceptions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

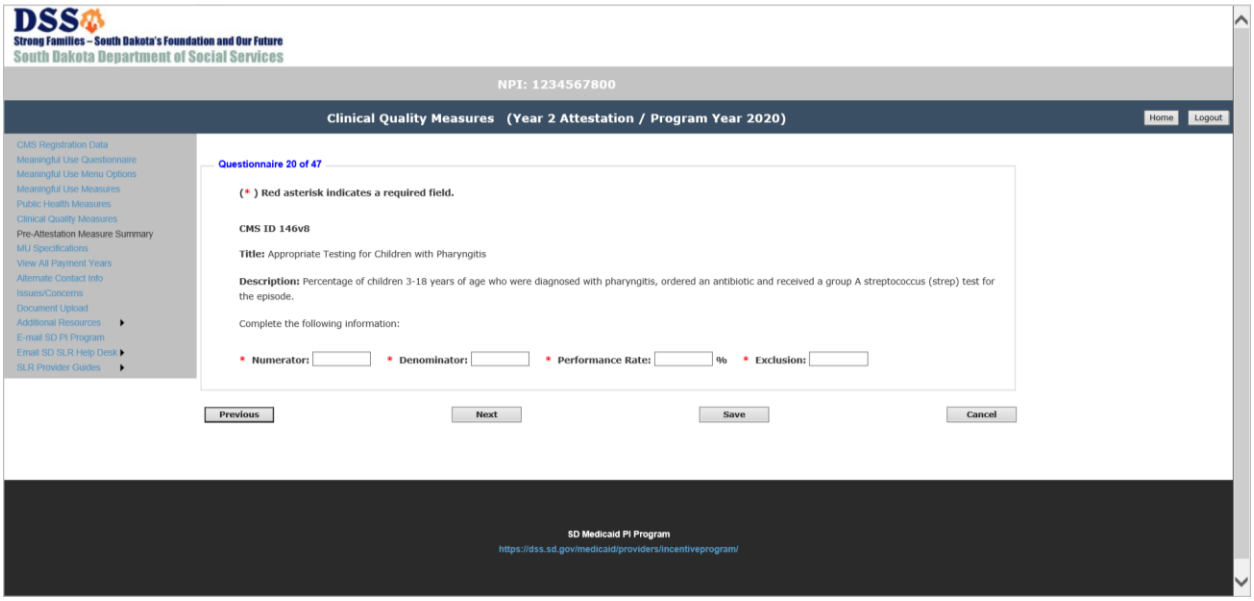
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 146v8- Appropriate Testing for Children with Pharyngitis

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

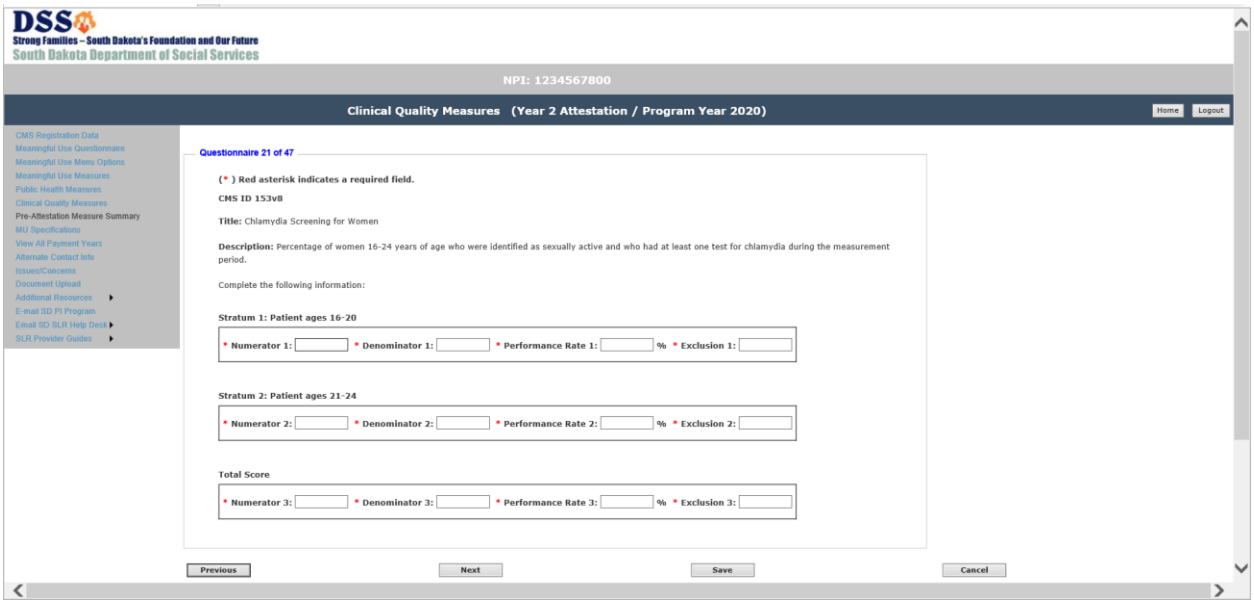
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 153v8: Chlamydia Screening for Women

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

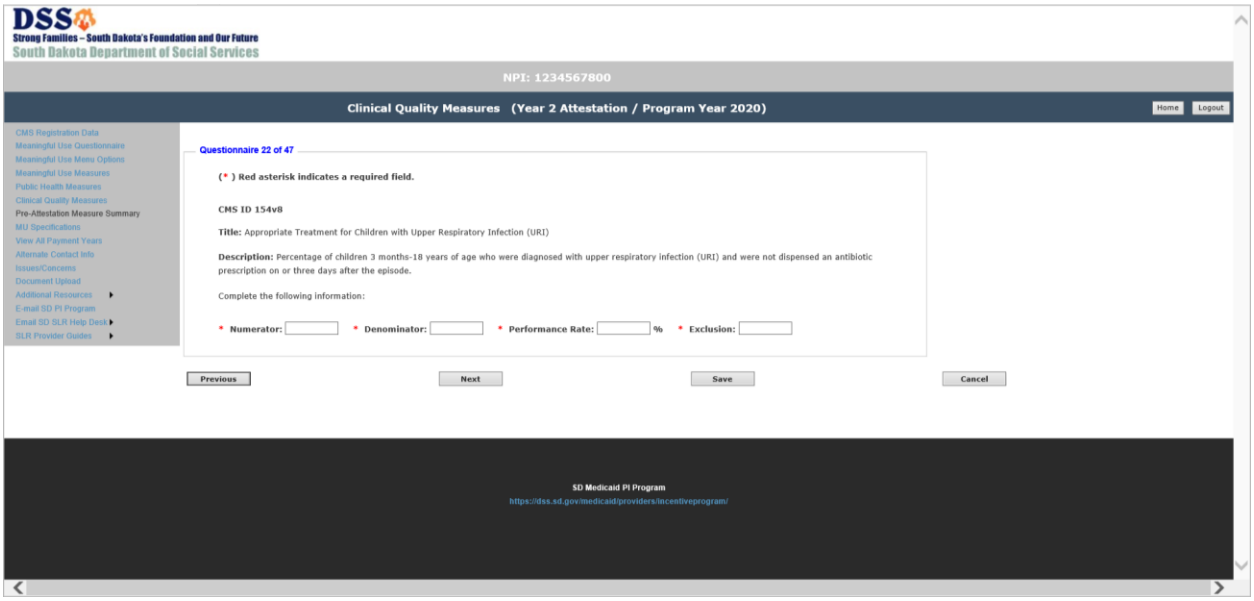
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 154v8: Appropriate Treatment for Children with Upper Respiratory Infections (URI)

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

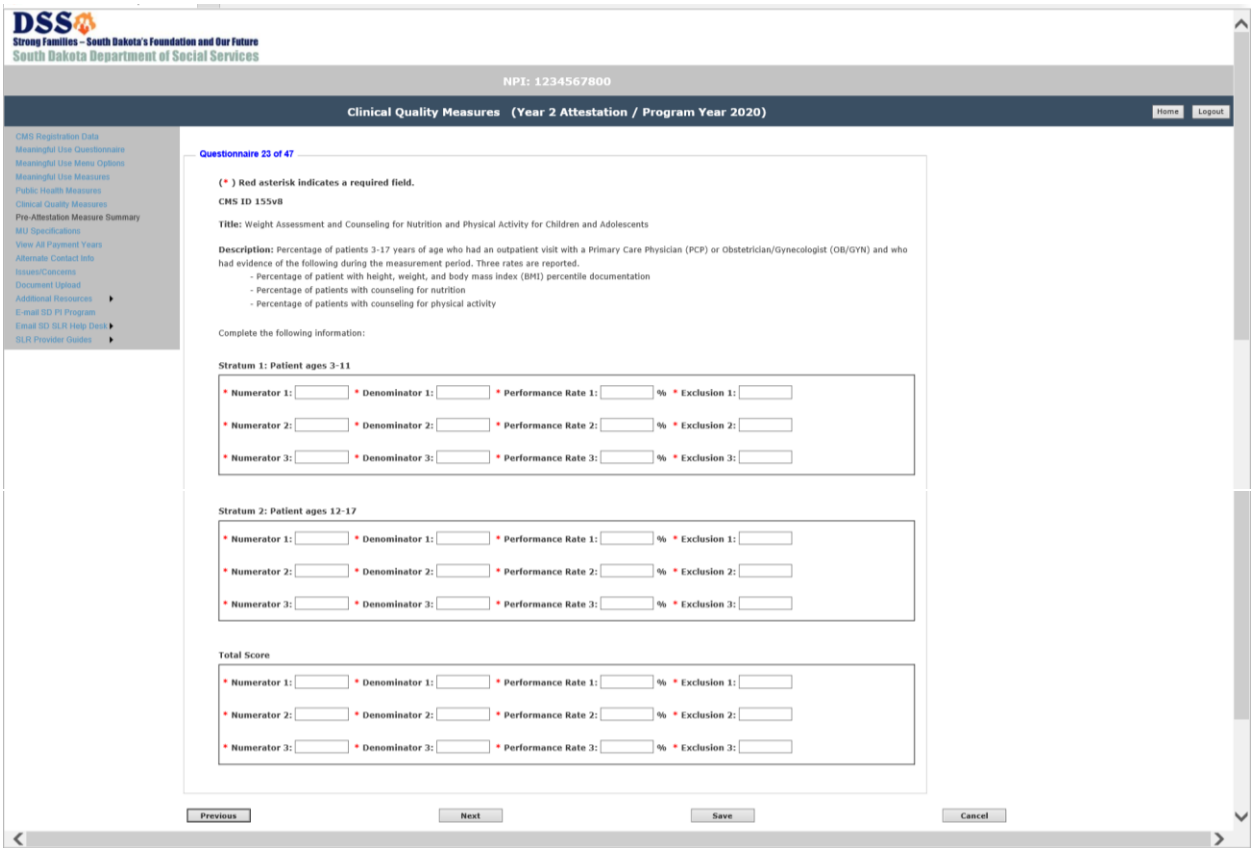
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 155v8: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

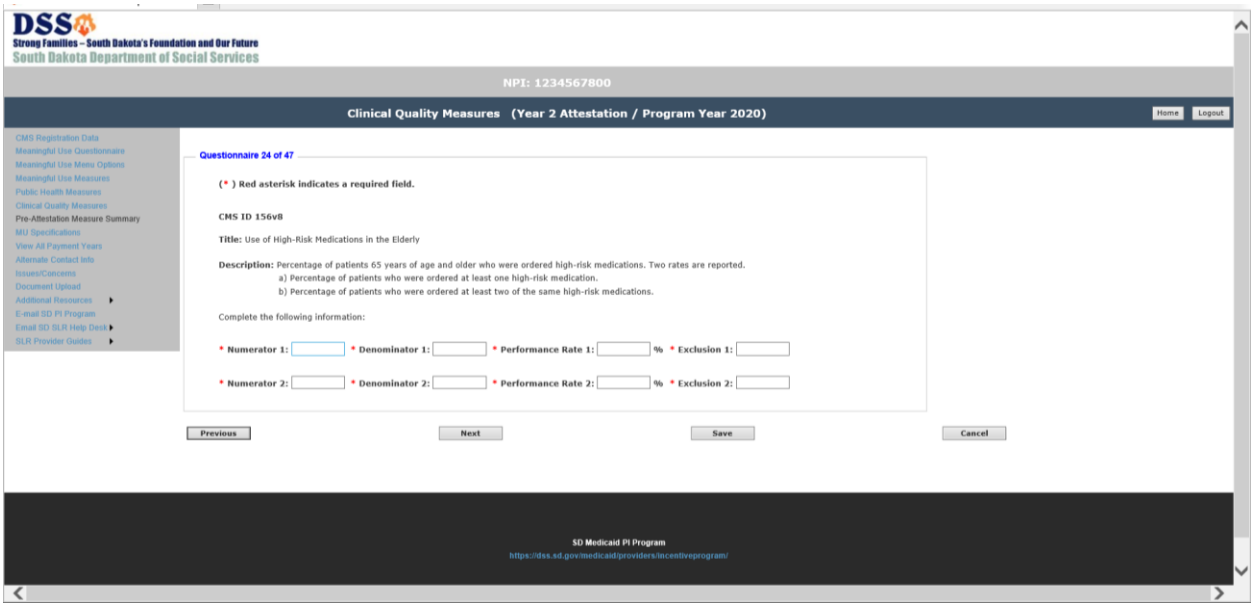
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 156v8: Use of High-Risk Medications in Elderly

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

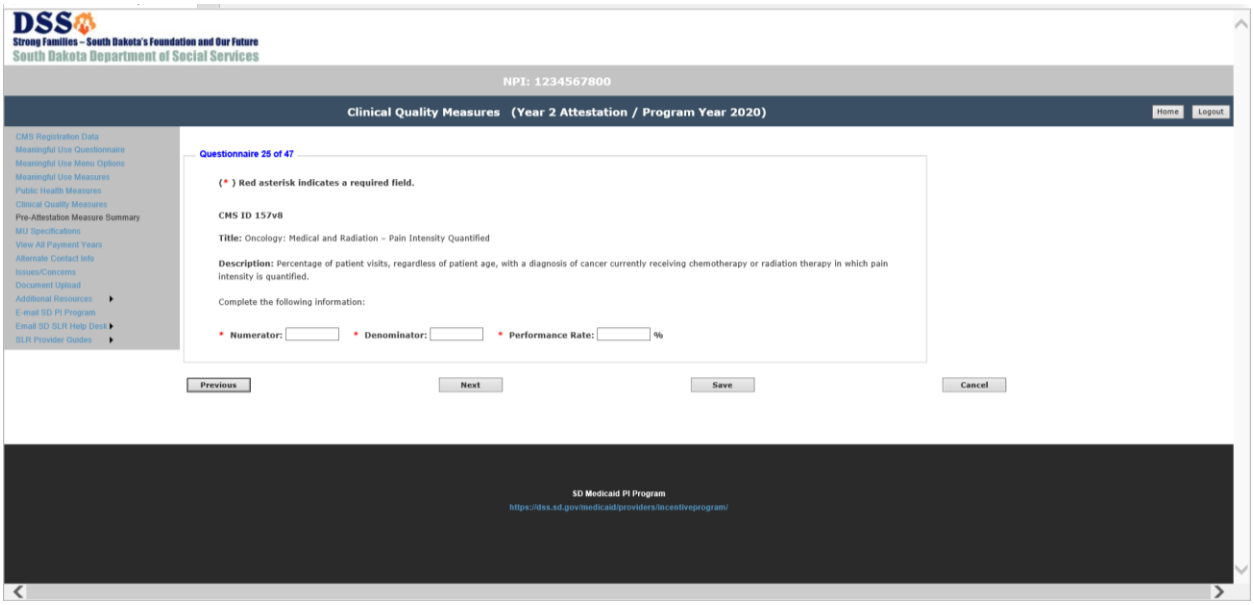
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 157v8: Oncology: Medical and Radiation – Pain Intensity Quantified

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

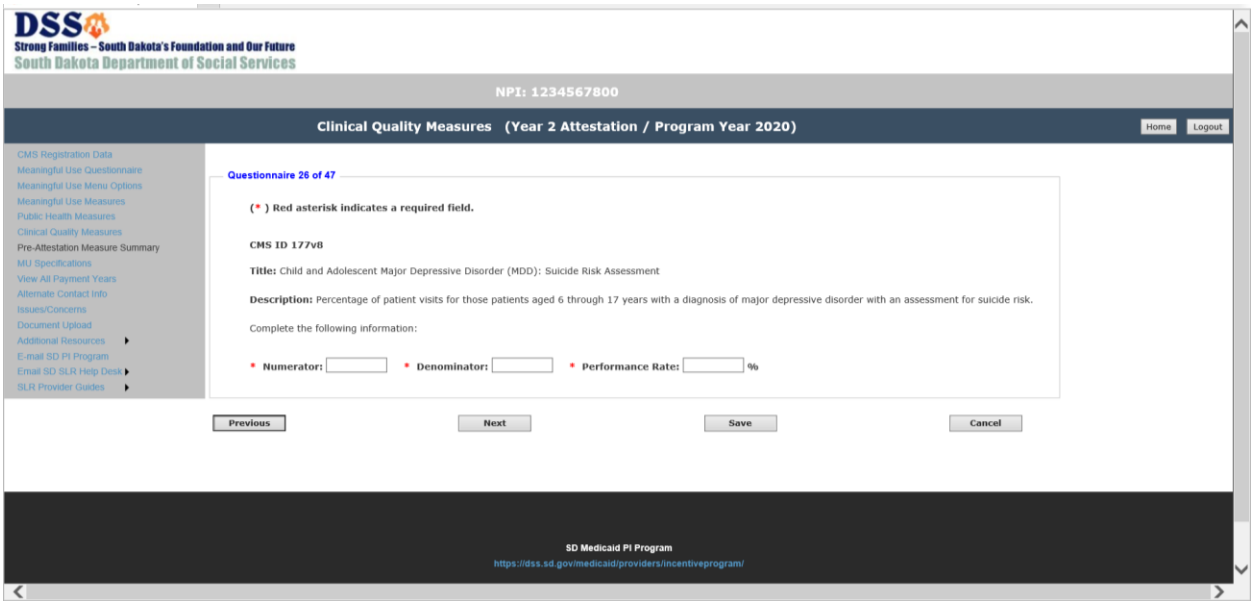
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 177v8: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

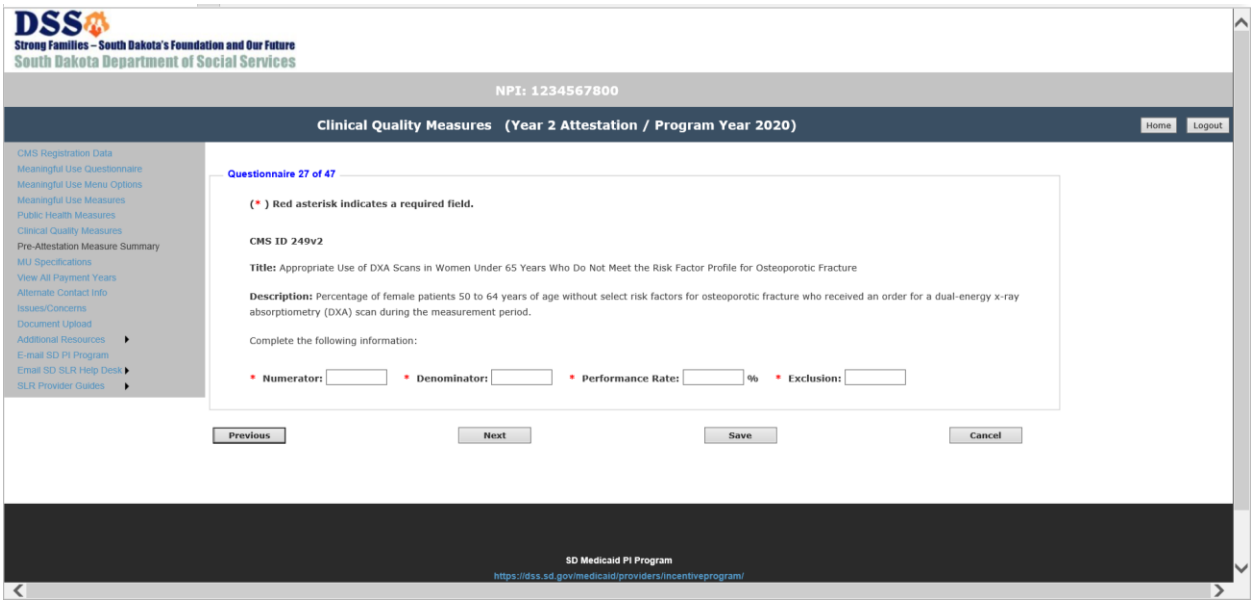
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 249v2: Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

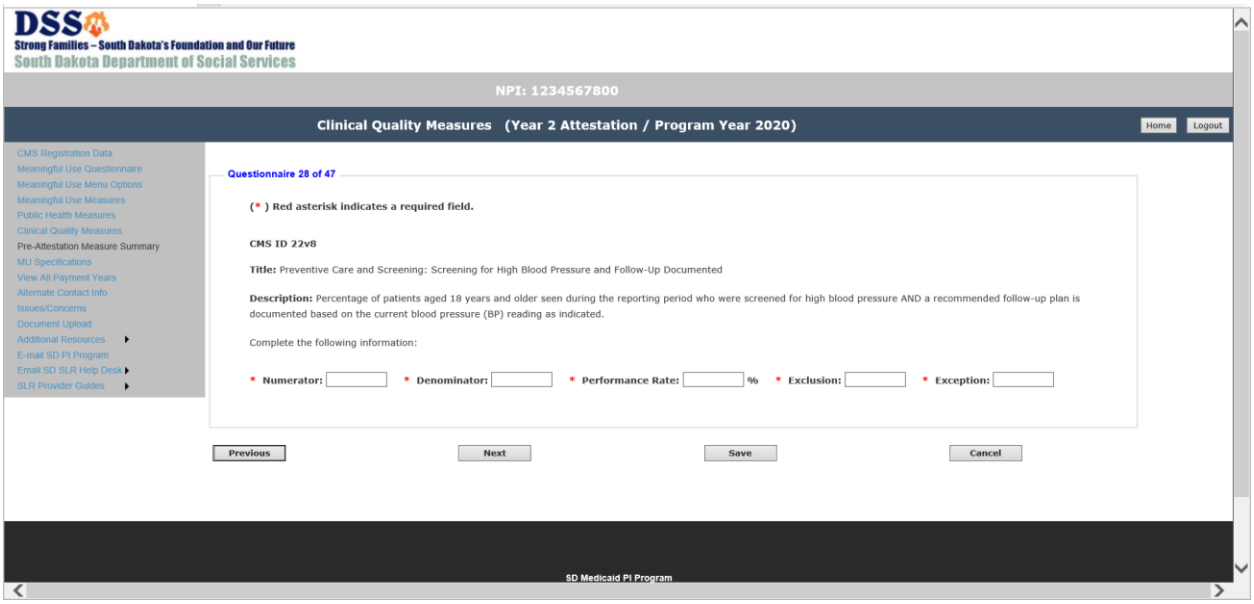
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 22v8: Preventive Care and Screening for High Blood Pressure and Follow-Up Documented

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number
- Please enter an exception: 0 is acceptable if that was reporting by the EHR technology
- Exceptions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

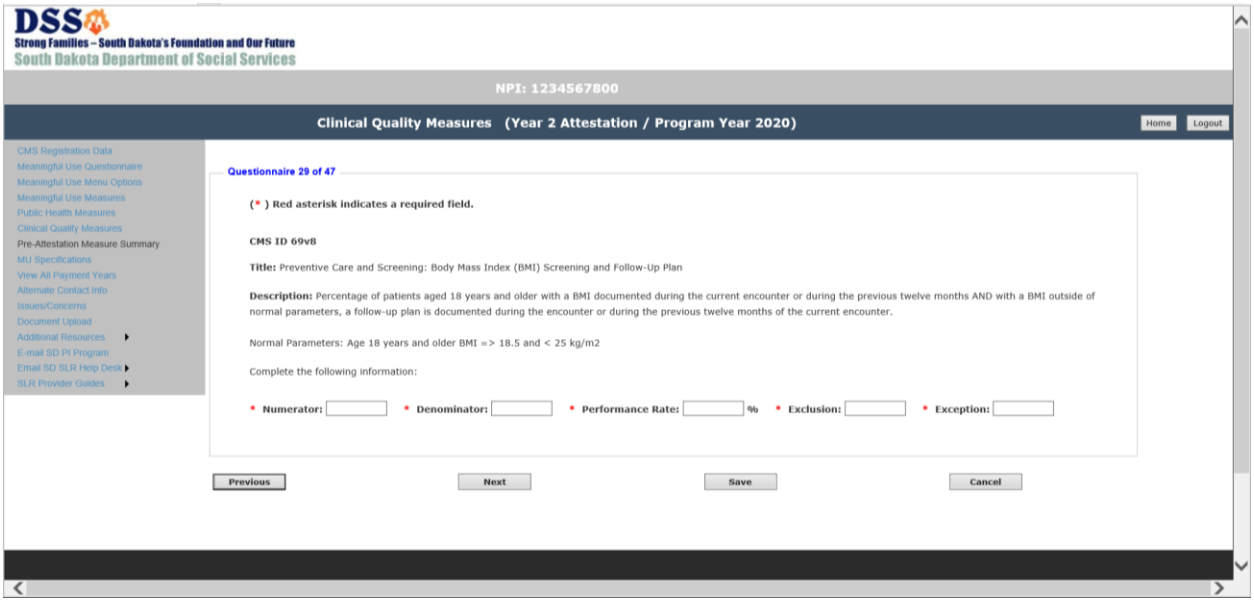
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 69v8: Preventive Care Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number
- Please enter an exception: 0 is acceptable if that was reporting by the EHR technology
- Exceptions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

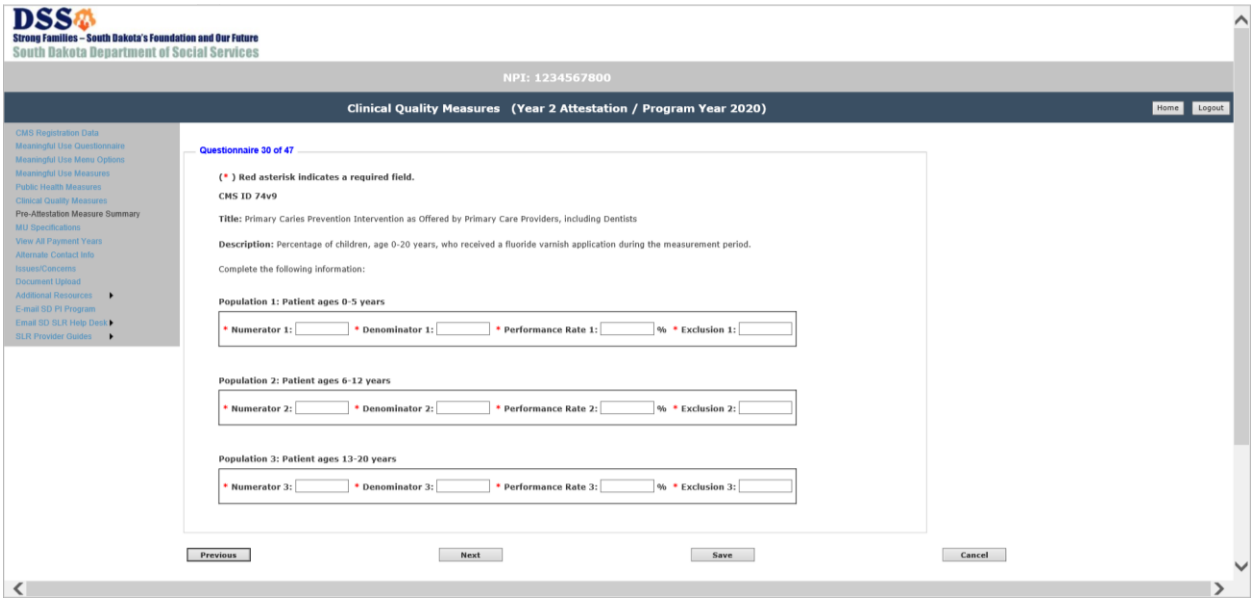
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 74v9: Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

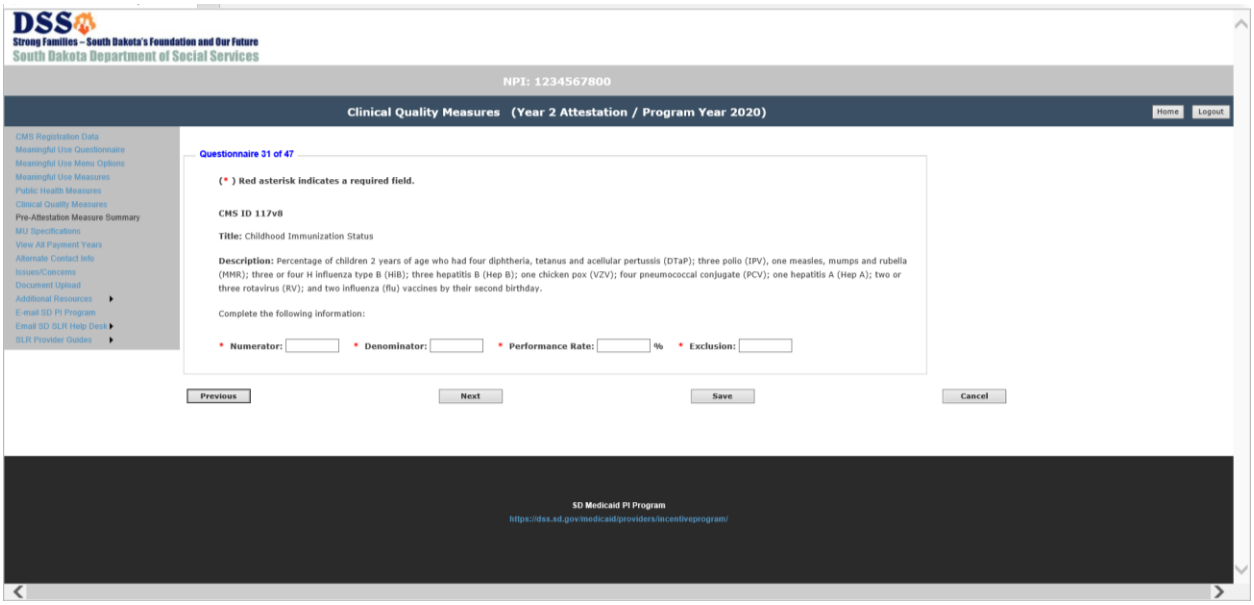
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 117v8: Childhood Immunization Status

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

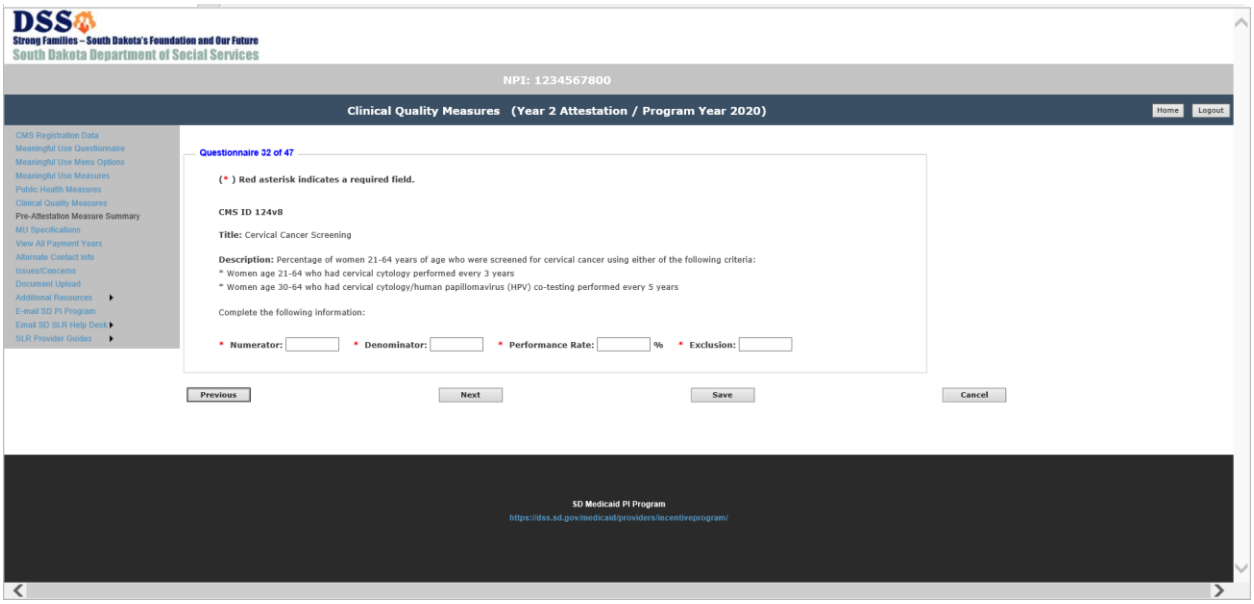
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 124v8: Cervical Cancer Screening

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

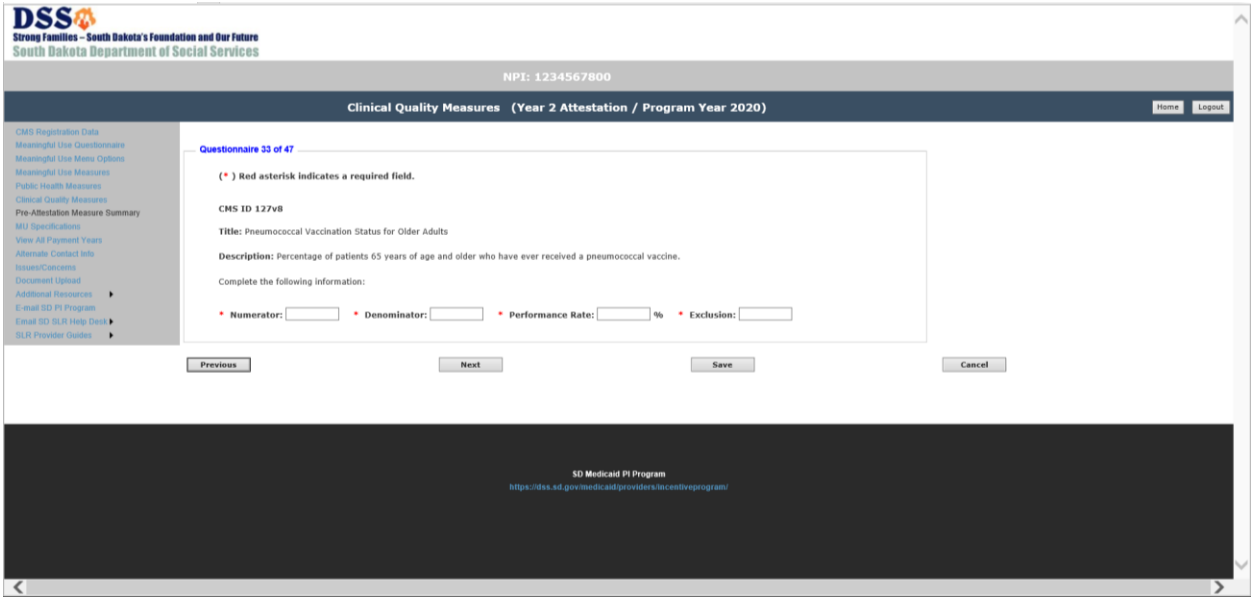
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 127v8: Pneumococcal Vaccination Status for Older Adults

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

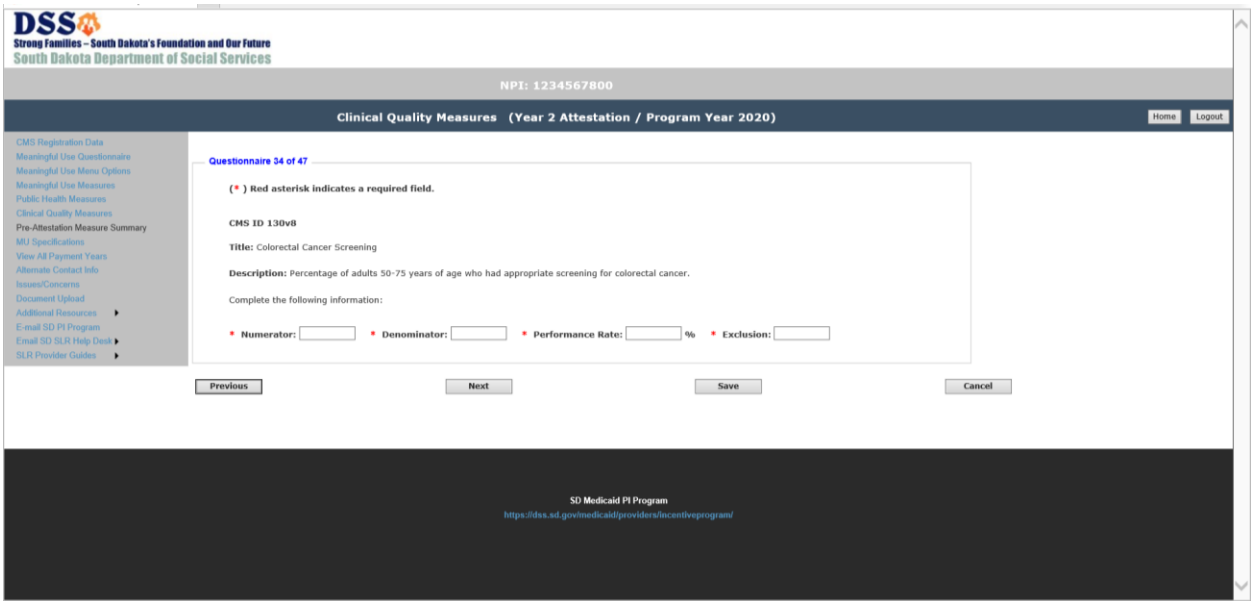
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 130v8: Colorectal Cancer Screening

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

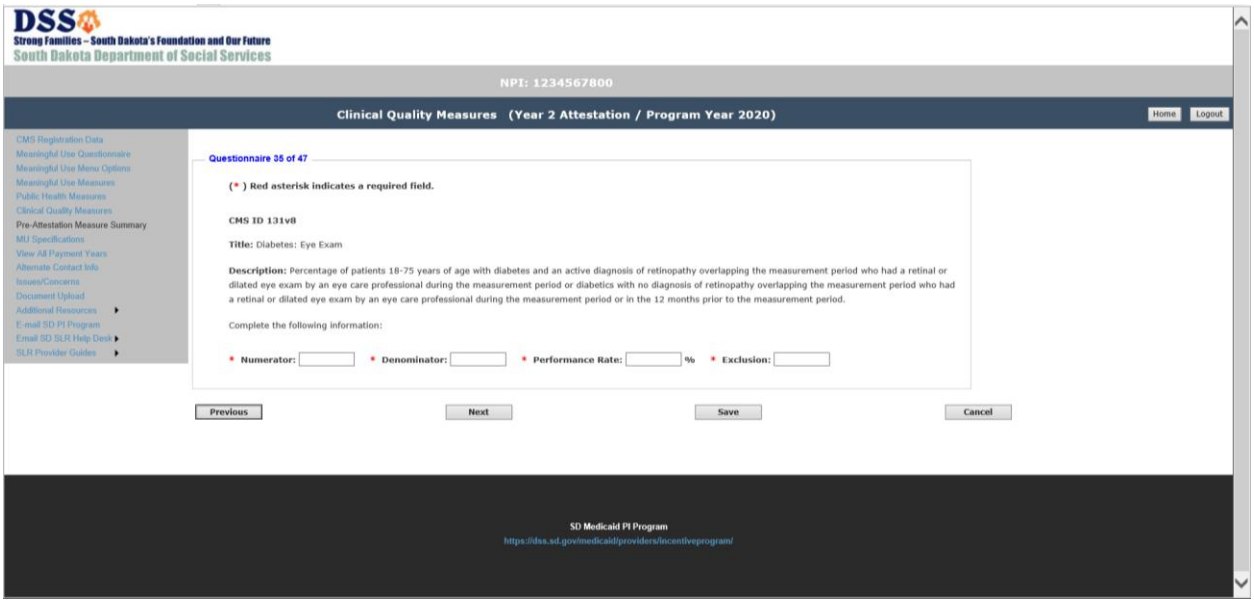
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 131v8: Diabetes: Eye Exam

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

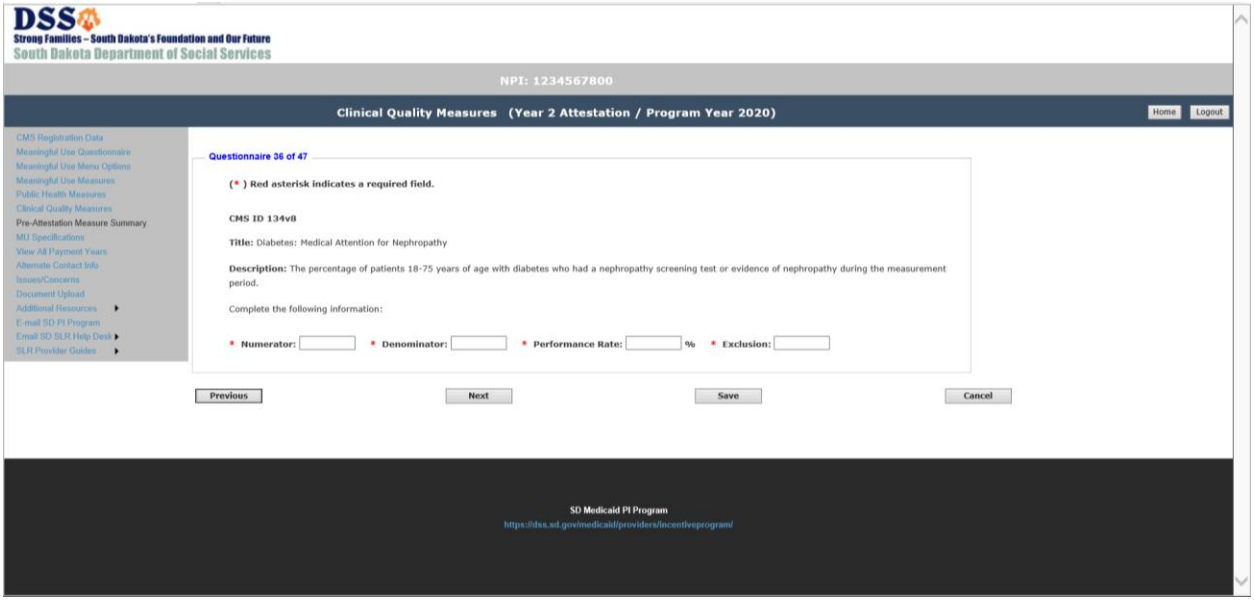
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 134v8: Diabetes: Medical Attention for Nephropathy

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

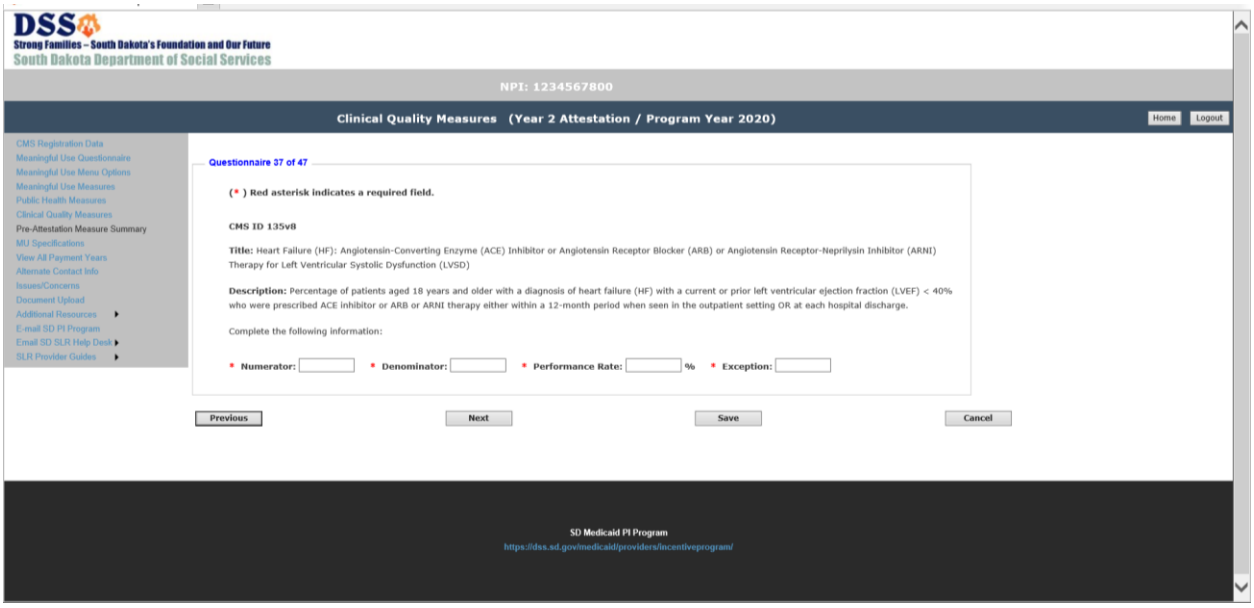
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 135v8: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Neprilysin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD)

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exception: 0 is acceptable if that was reporting by the EHR technology
- Exceptions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

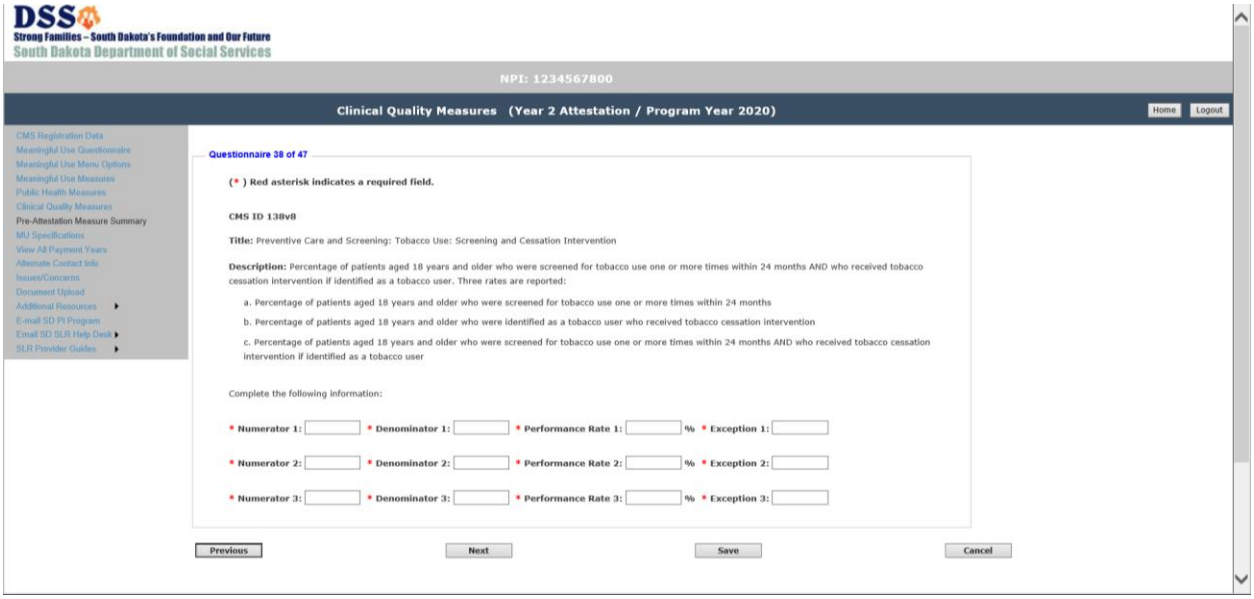
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 138v8: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exception: 0 is acceptable if that was reporting by the EHR technology
- Exceptions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

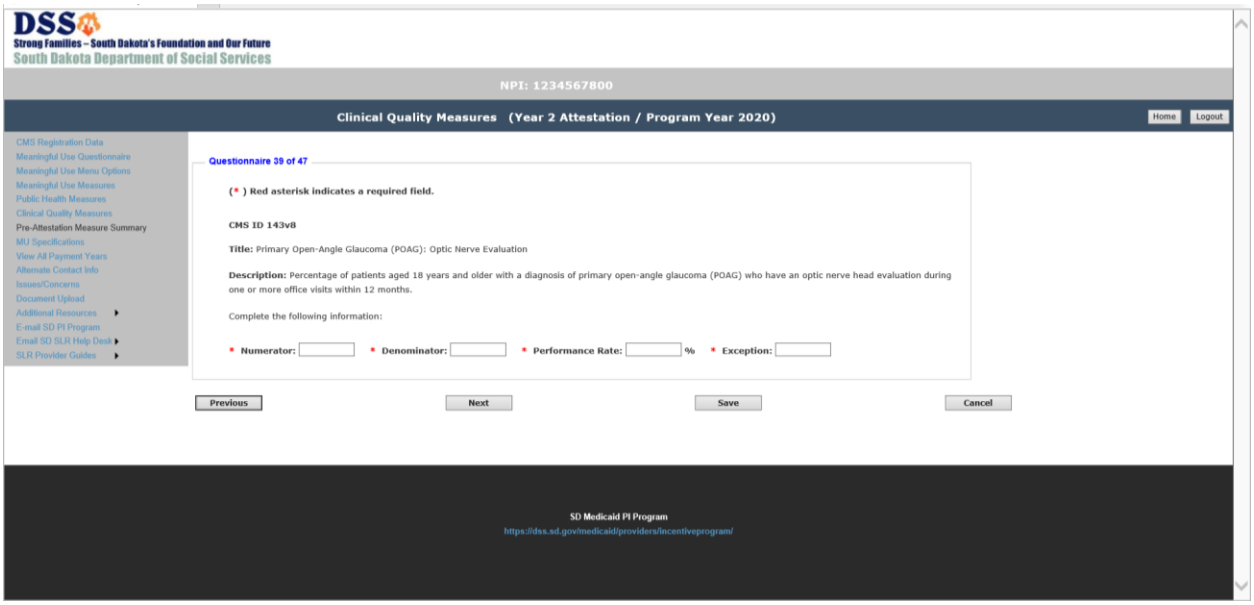
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 143v8: Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exception: 0 is acceptable if that was reporting by the EHR technology
- Exceptions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

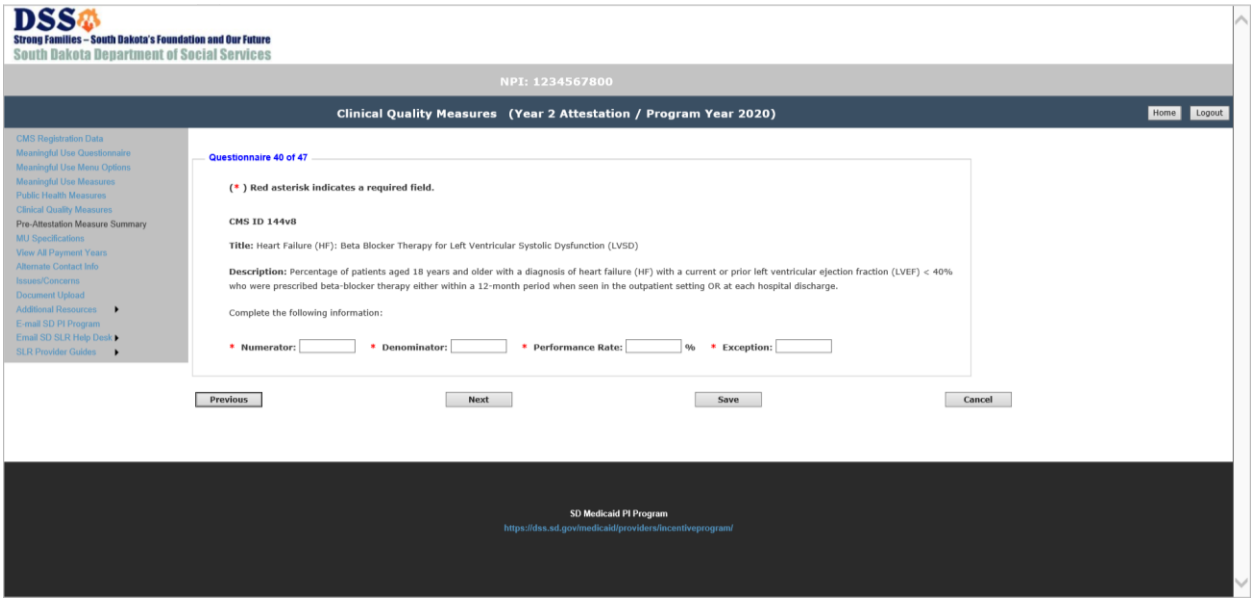
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 144v8: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exception: 0 is acceptable if that was reporting by the EHR technology
- Exceptions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

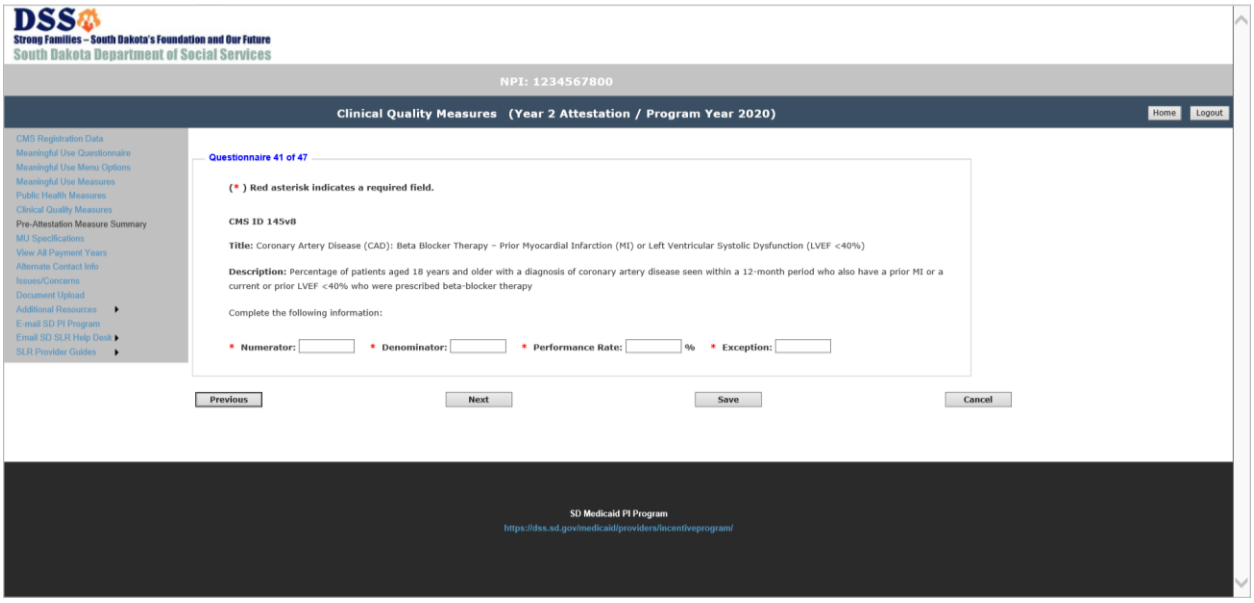
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 145v8: Coronary Artery Disease (CAD): Beata Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exception: 0 is acceptable if that was reporting by the EHR technology
- Exceptions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

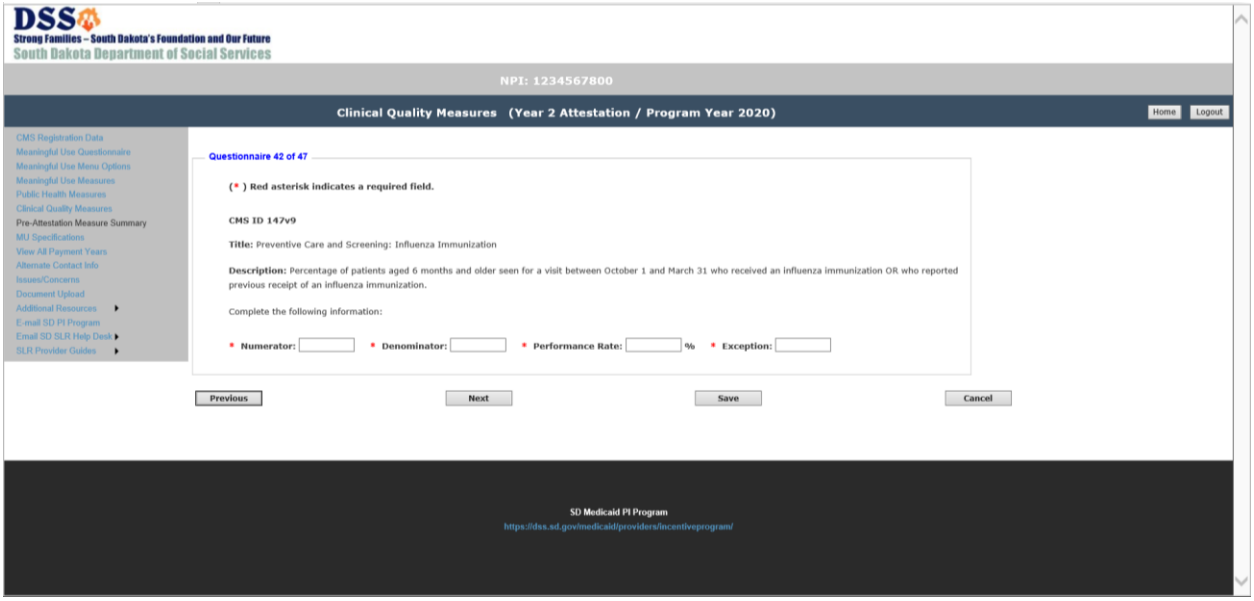
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 147v9: Preventive Care and Screening: Influenza Immunization

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exception: 0 is acceptable if that was reporting by the EHR technology
- Exceptions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

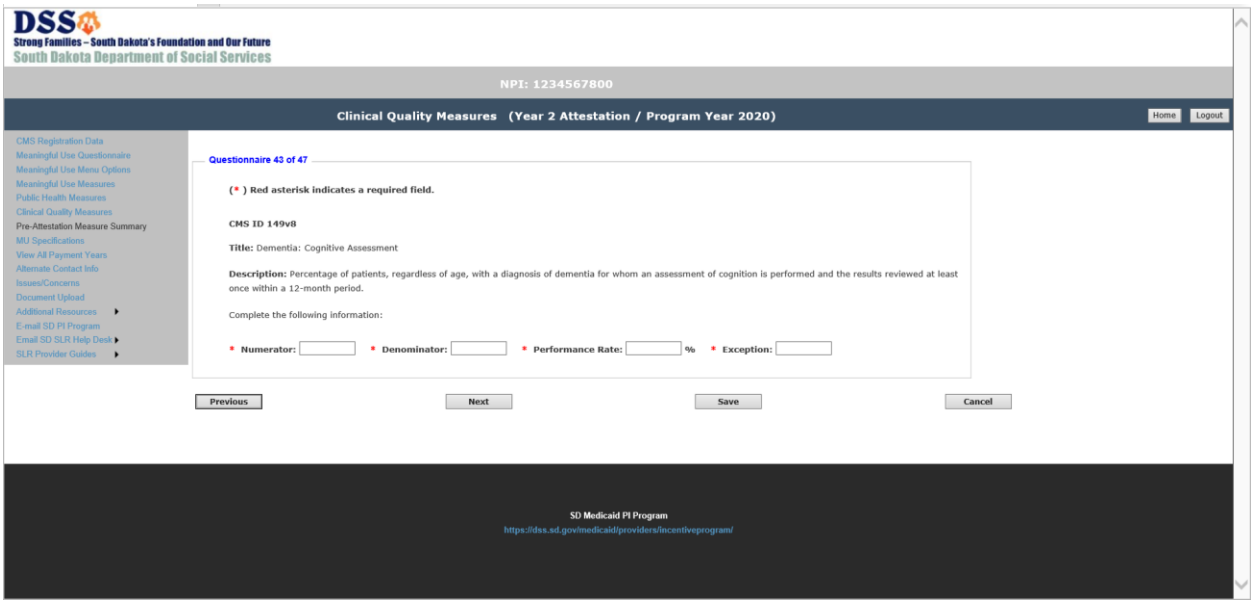
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 149v8: Dementia: Cognitive Assessment

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exception: 0 is acceptable if that was reporting by the EHR technology
- Exceptions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

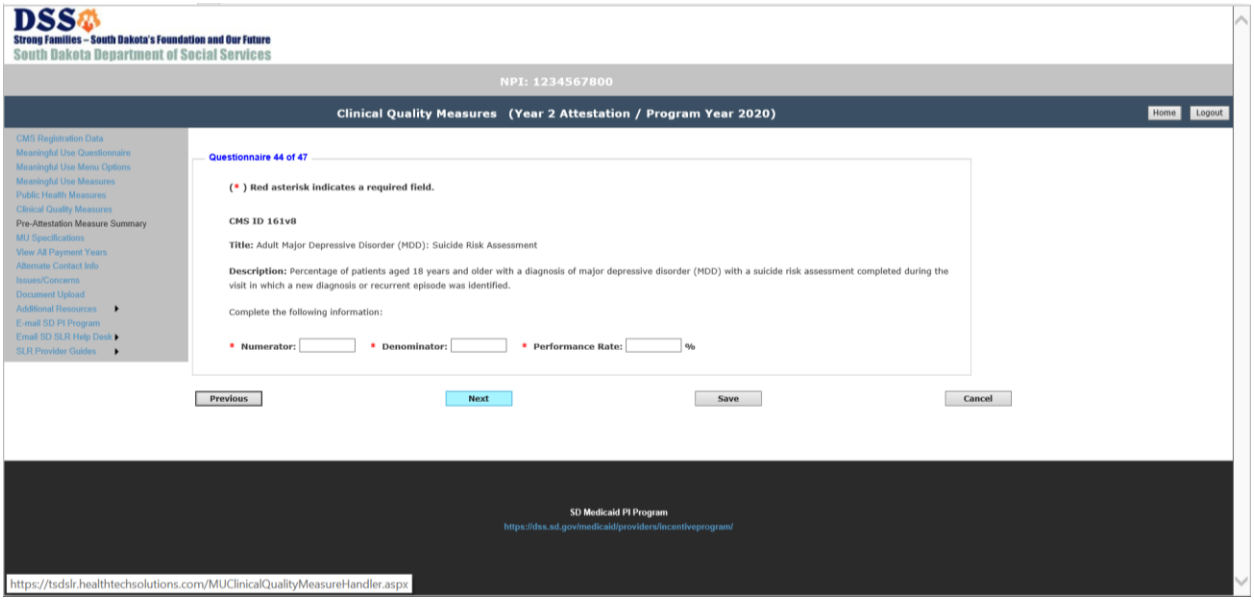
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 161v8: Adult Major Depressive Disorder (MDD): Suicide Risk Assessment

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

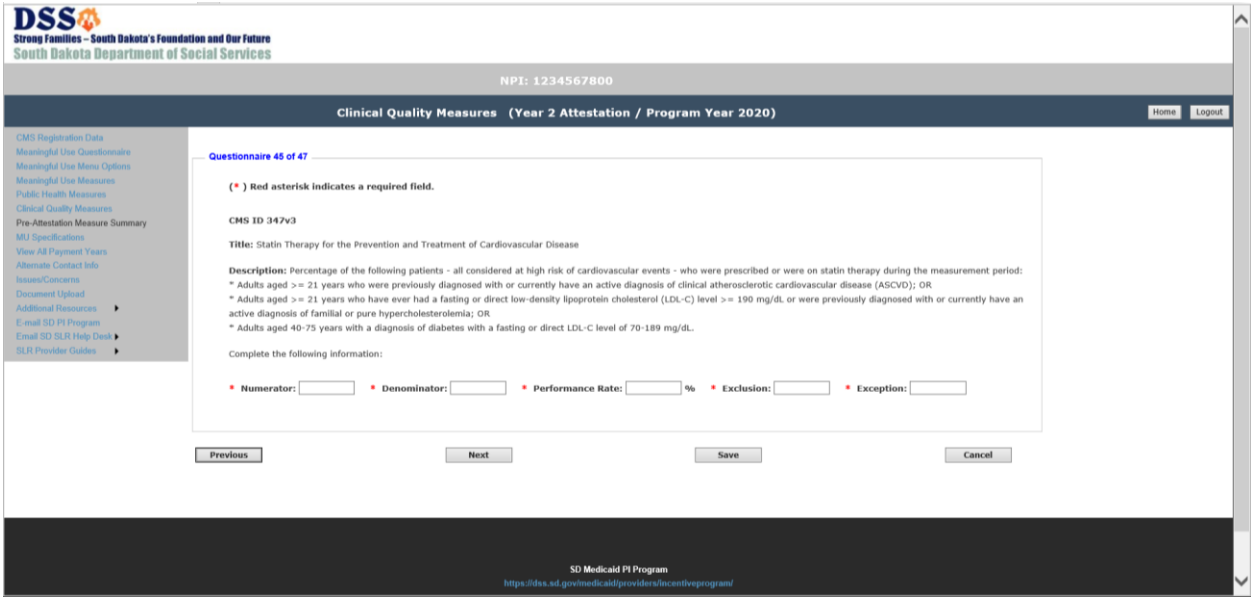
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 347v3: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number
- Please enter an exception: 0 is acceptable if that was reporting by the EHR technology
- Exceptions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

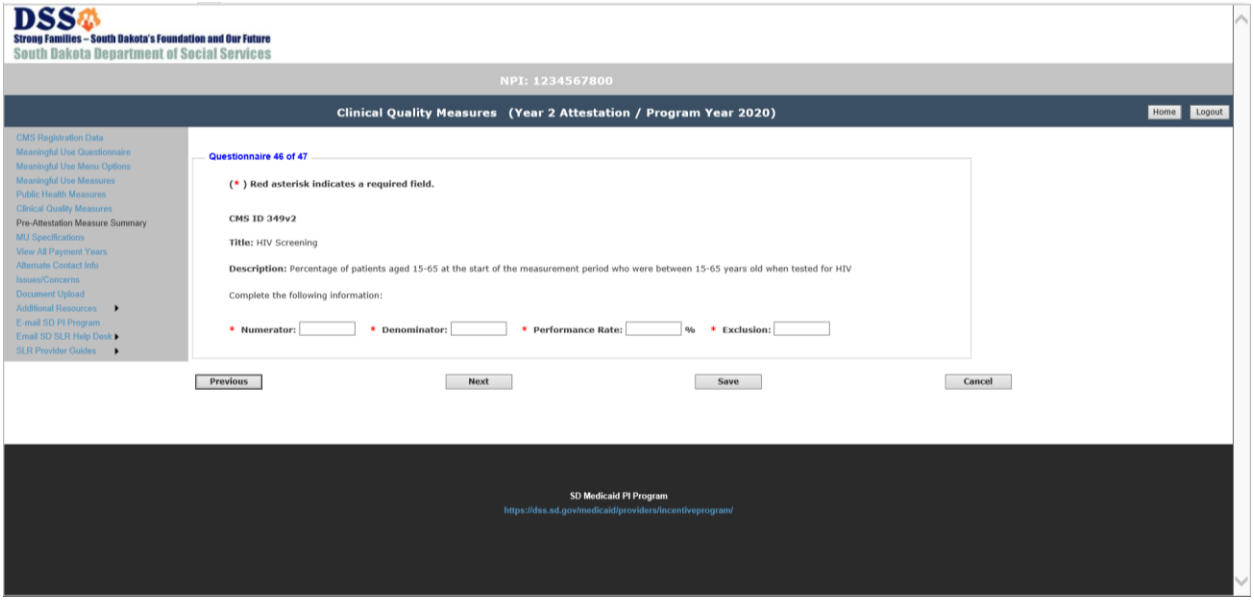
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 349v2: HIV Screening

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

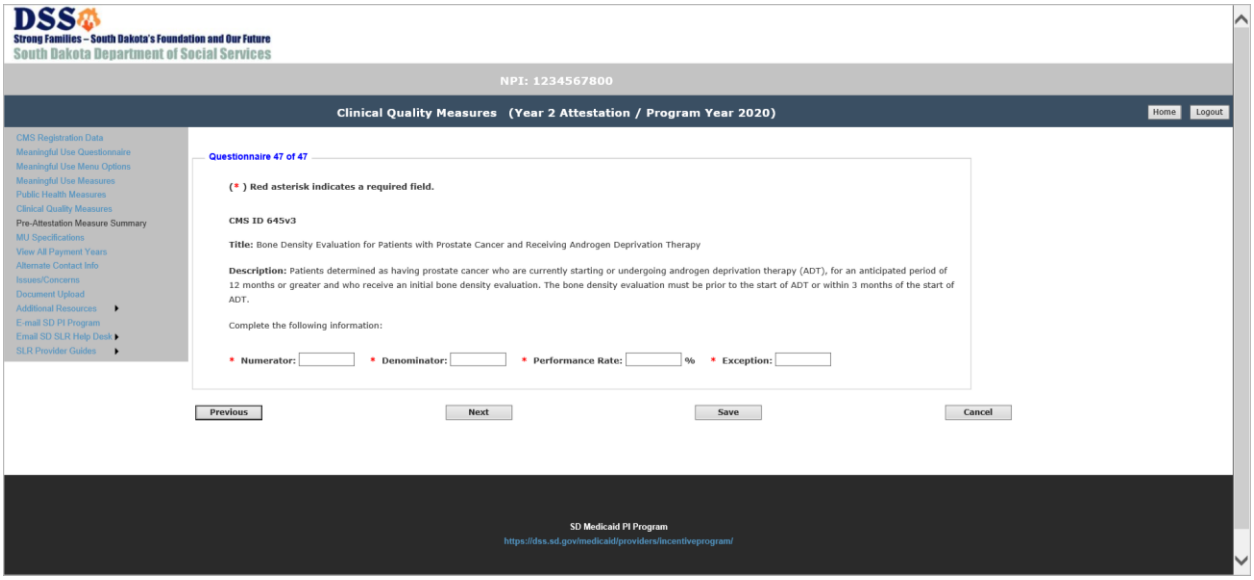
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

CMS ID 645v3: Bone density evaluation for patients with prostate cancer and receiving androgen deprivation therapy

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exception: 0 is acceptable if that was reporting by the EHR technology
- Exceptions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Navigation:

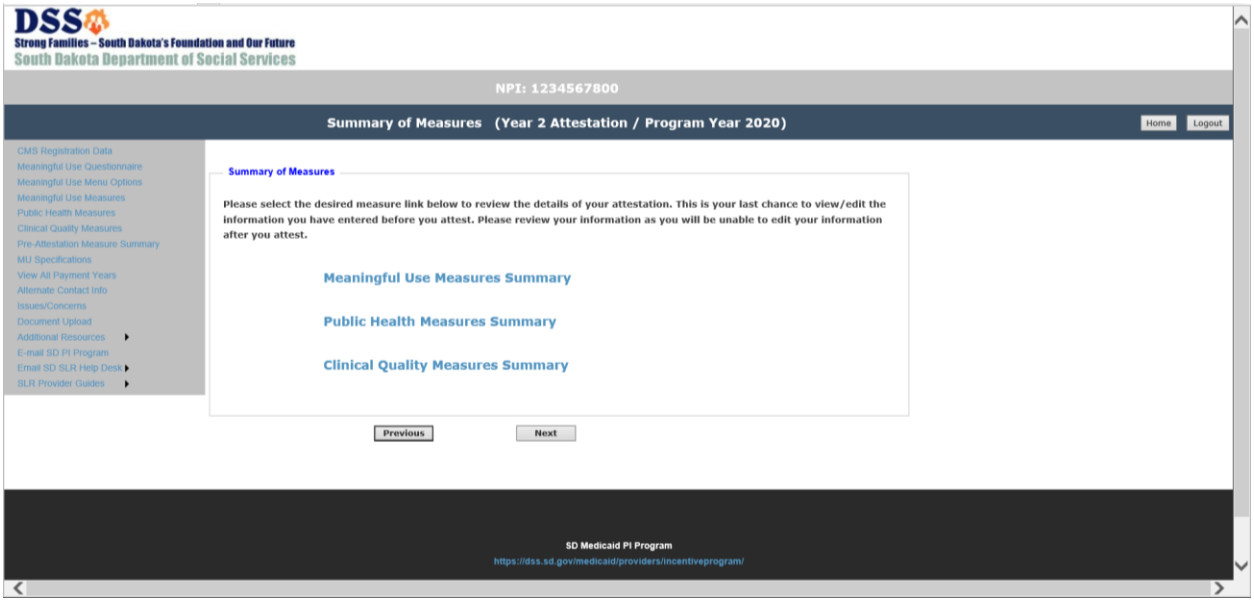
Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

Pre-Attestation Summary

Meaningful Use Measures Summary – Takes the EP to a summary screen of their entries for the MU Measures. This screen will allow them to edit any entry they have made prior to continuing with their attestation.

Public Health Measures Summary – Takes the EP to a summary screen of their entries for the Menu MU Measures. This screen will allow them to edit any entry they have made prior to continuing with their attestation.

Clinical Quality Measures Summary – Takes the EP to a summary screen of their entries for the Clinical Quality Measures. This screen will allow them to edit any entry they have made prior to continuing with their attestation.

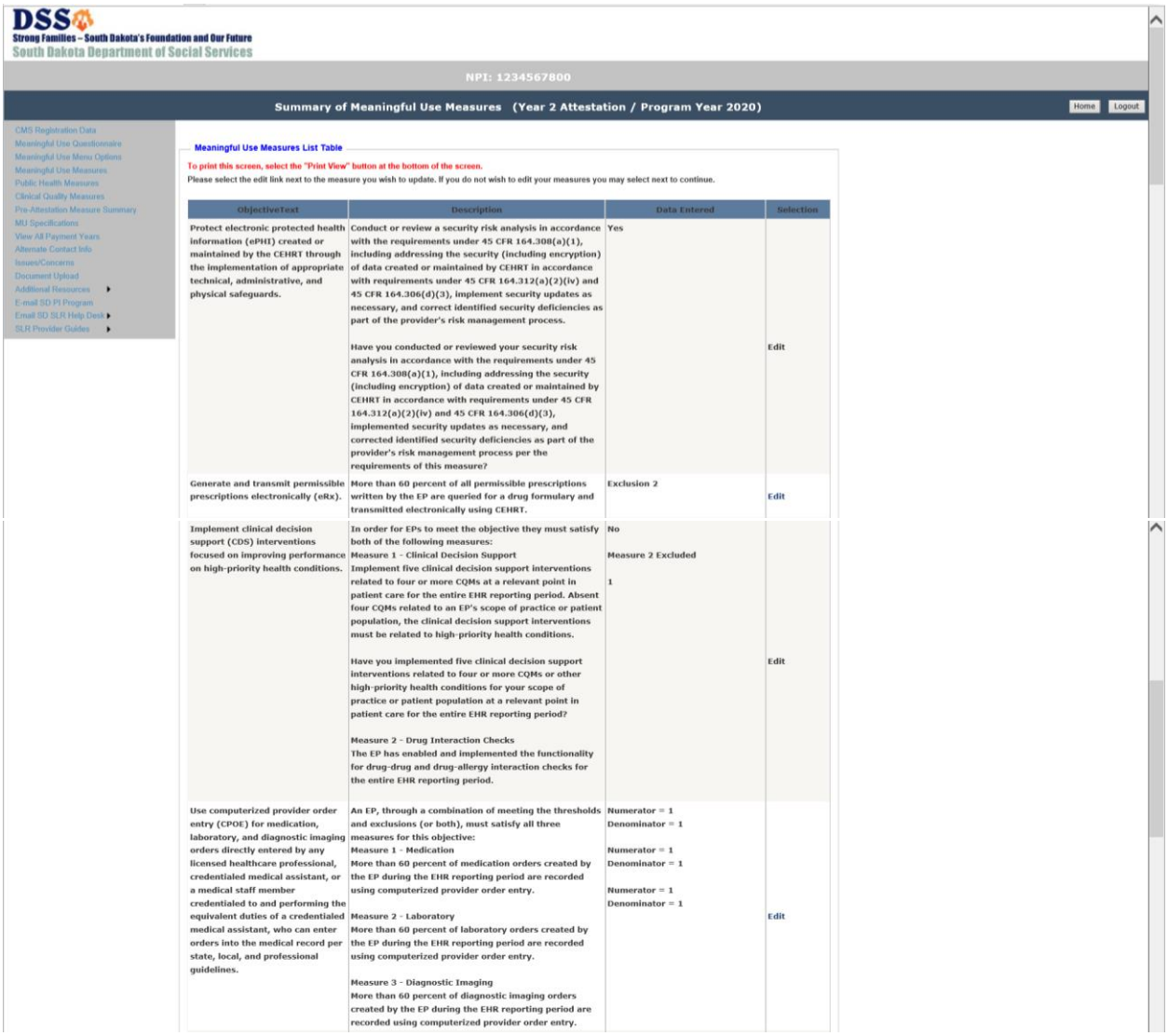


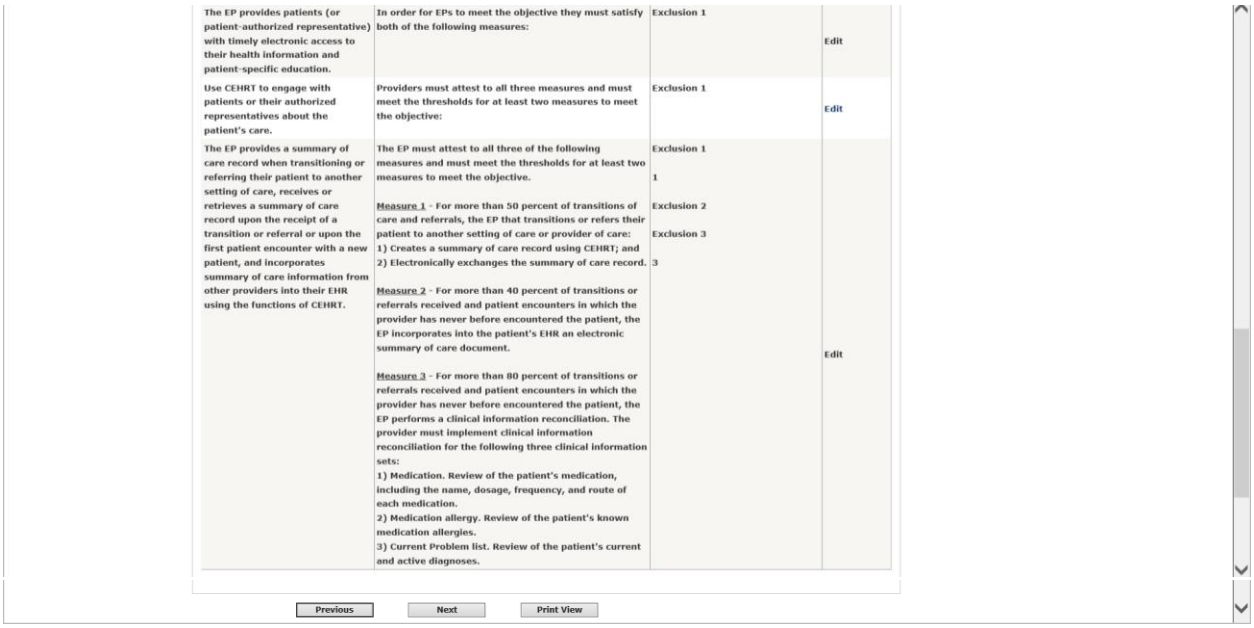
Navigation:

Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen

Meaningful Use Measure Summary

This screen lists the objective, measure, and data entered by the EP for each Meaningful Use Measure. The EP may click on 'Edit' on a measure row to return to that measure and update their entry until the attestation is submitted.





The EP provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.	In order for EPs to meet the objective they must satisfy both of the following measures:	Exclusion 1	Edit
Use CEHRT to engage with patients or their authorized representatives about the patient's care.	Providers must attest to all three measures and must meet the thresholds for at least two measures to meet the objective:	Exclusion 1	Edit
The EP provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of CEHRT.	The EP must attest to all three of the following measures and must meet the thresholds for at least two measures to meet the objective. Measure 1 - For more than 50 percent of transitions of care and referrals, the EP that transitions or refers their patient to another setting of care or provider of care: 1) Creates a summary of care record using CEHRT; and 2) Electronically exchanges the summary of care record. Measure 2 - For more than 40 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP incorporates into the patient's EHR an electronic summary of care document. Measure 3 - For more than 80 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP performs a clinical information reconciliation. The provider must implement clinical information reconciliation for the following three clinical information sets: 1) Medication. Review of the patient's medication, including the name, dosage, frequency, and route of each medication. 2) Medication allergy. Review of the patient's known medication allergies. 3) Current Problem list. Review of the patient's current and active diagnoses.	Exclusion 1 1 Exclusion 2 Exclusion 3 3	Edit

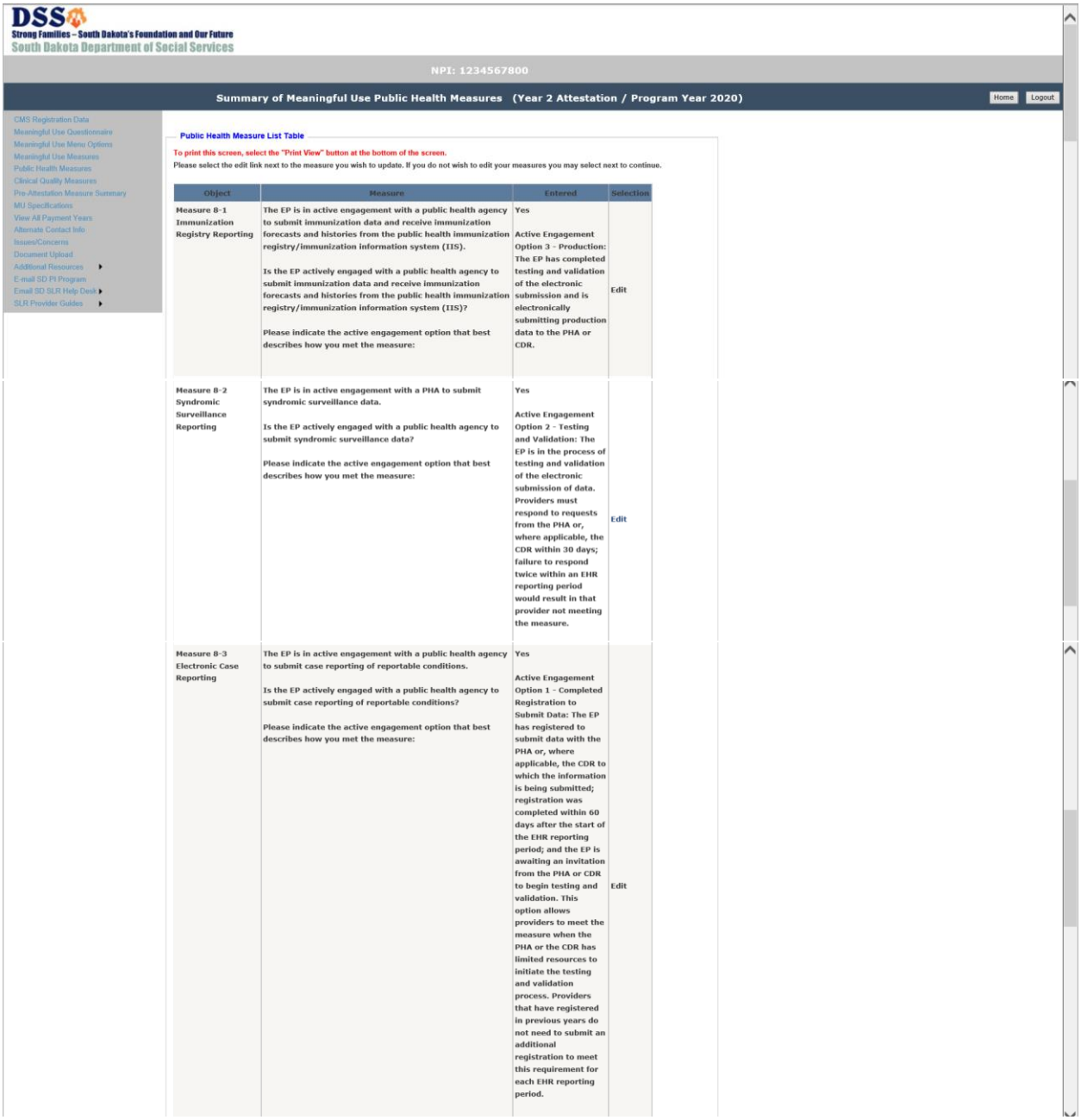
Previous Next Print View

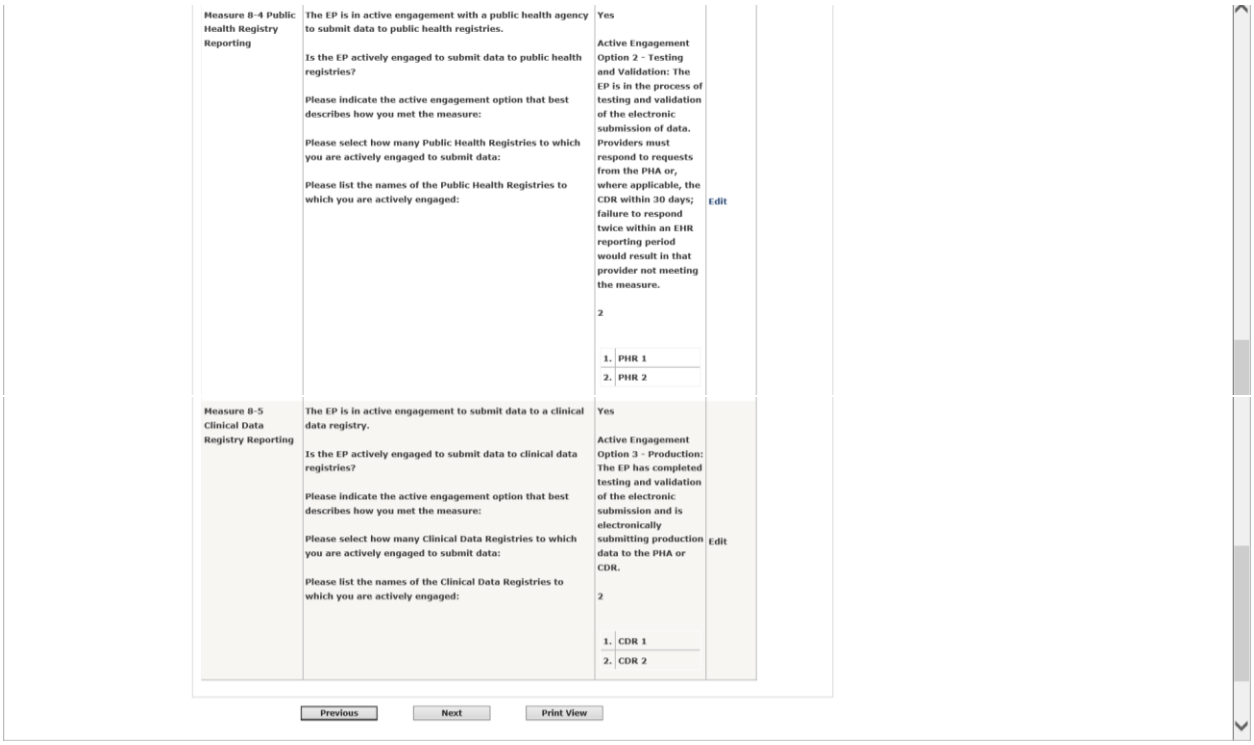
Navigation:

Previous Button – Takes the EP to the previous screen
Next Button –Takes the EP to the next screen
Print View – Opens a printable view of the screen

Public Health Measure Summary

This screen lists the objective, measure, and data entered by the EP for each Public Health Reporting Measure that was responded to by the EP during their attestation. The EP may click on 'Edit' on a measure row to return to that measure and update their entry until the attestation is submitted.





Measure 8-4 Public Health Registry Reporting	The EP is in active engagement with a public health agency to submit data to public health registries. Is the EP actively engaged to submit data to public health registries? Please indicate the active engagement option that best describes how you met the measure: Please select how many Public Health Registries to which you are actively engaged to submit data: Please list the names of the Public Health Registries to which you are actively engaged:	Yes Active Engagement Option 2 - Testing and Validation: The EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure. 2 1. PHR 1 2. PHR 2	Edit
Measure 8-5 Clinical Data Registry Reporting	The EP is in active engagement to submit data to a clinical data registry. Is the EP actively engaged to submit data to clinical data registries? Please indicate the active engagement option that best describes how you met the measure: Please select how many Clinical Data Registries to which you are actively engaged to submit data: Please list the names of the Clinical Data Registries to which you are actively engaged:	Yes Active Engagement Option 3 - Production: The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR. 2 1. CDR 1 2. CDR 2	Edit

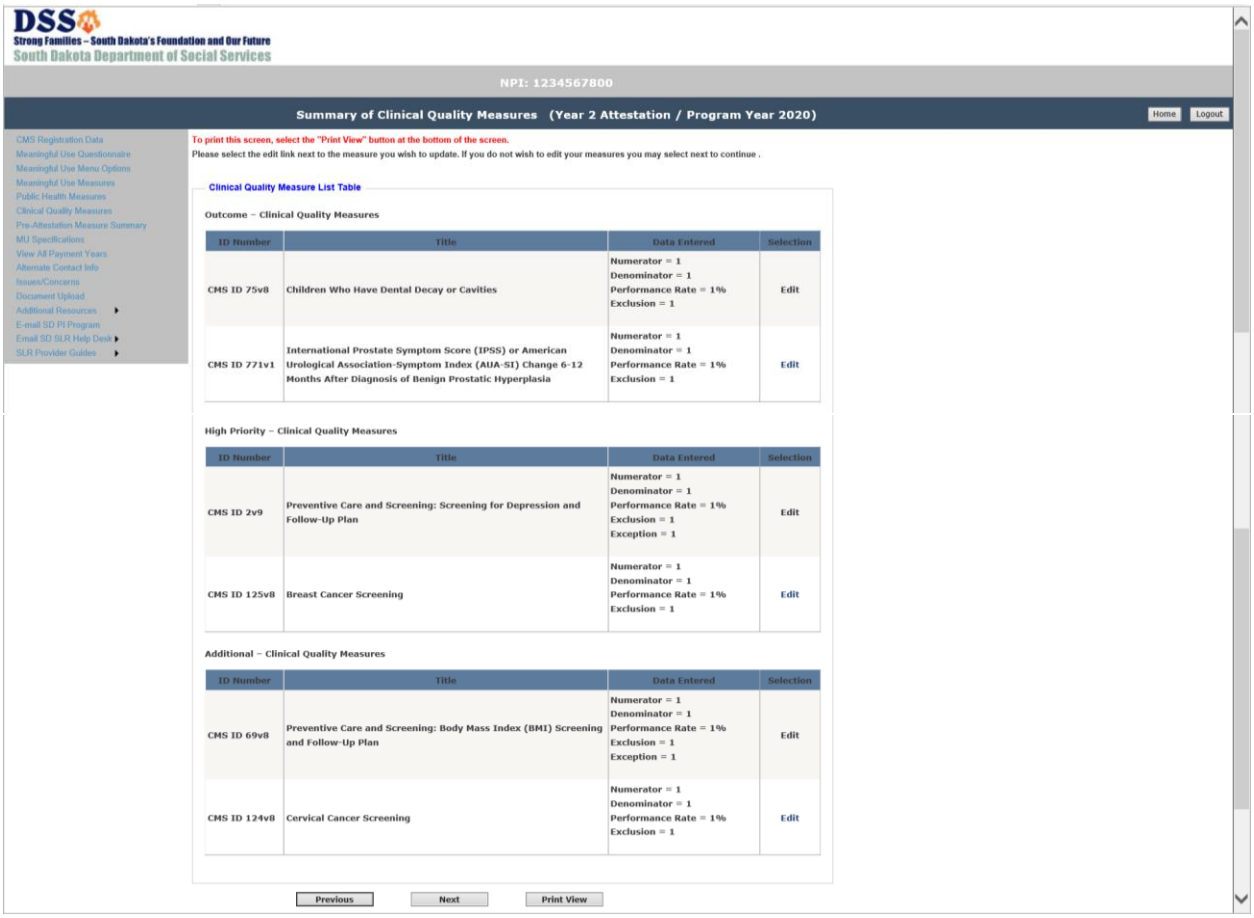
Previous Next Print View

Navigation:

Previous Button – Takes the EP to the previous screen
Next Button –Takes the EP to the next screen
Print View – Opens a printable view of the screen

Clinical Quality Measure Summary

This screen lists the objective, measure, and data entered by the EP for each Menu Meaningful Use Measure. The EP may click on 'Edit' on a measure row to return to that measure and update their entry until the attestation is submitted.



Navigation:

Previous Button – Takes the EP to the previous screen
Next Button –Takes the EP to the next screen
Print View – Opens a printable view of the screen

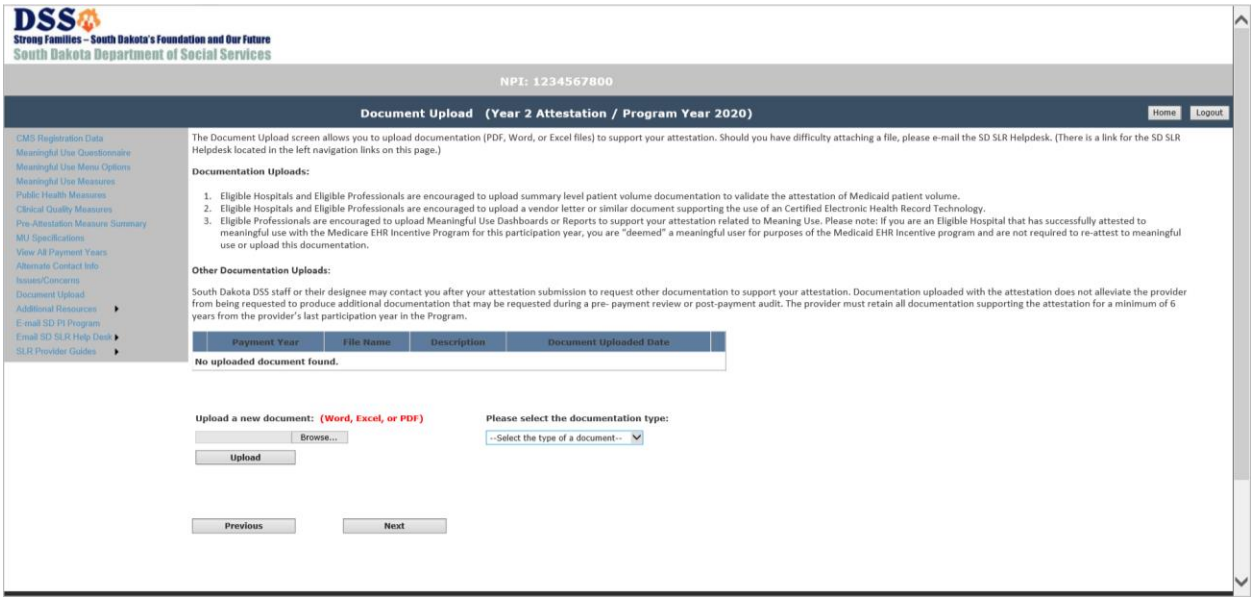
Documentation Upload

This page will allow the EP to attach documentation with their attestation.

Clicking on the 'Browse' button will allow the EP to search and select the documents they would like to attach.

Clicking on the 'Upload' button will attach and save the document relating to the current attestation payment year.

Only PDFs, Word, and Excel documents are compatible to be uploaded.

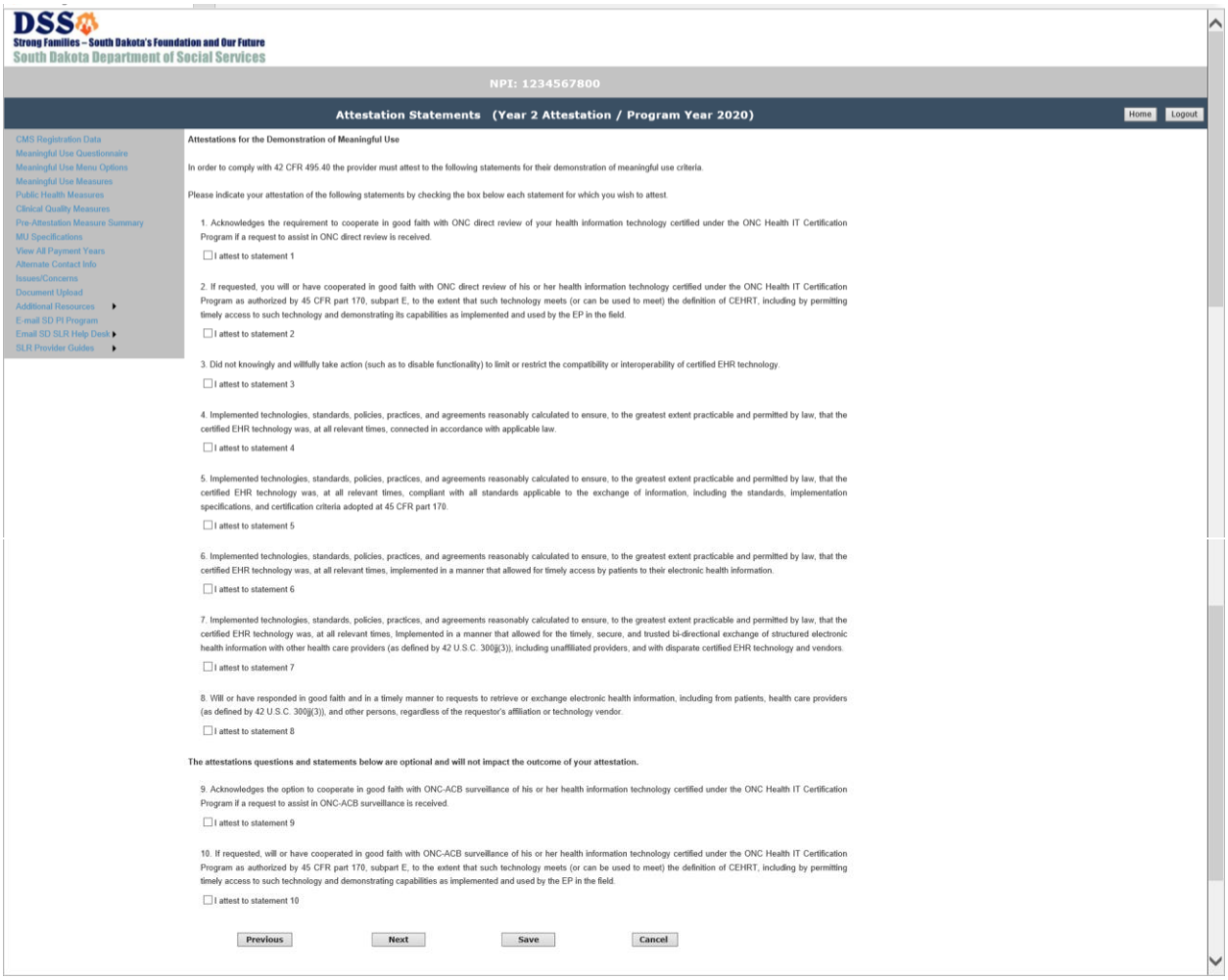


Navigation:

Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen

Demonstration of Meaningful Use

In order to comply with 42 CFR 495.40 that was added through the final rule for the new Medicare Quality Payment Program, EPs will attest to several additional statements in order to qualify for Meaningful Use.

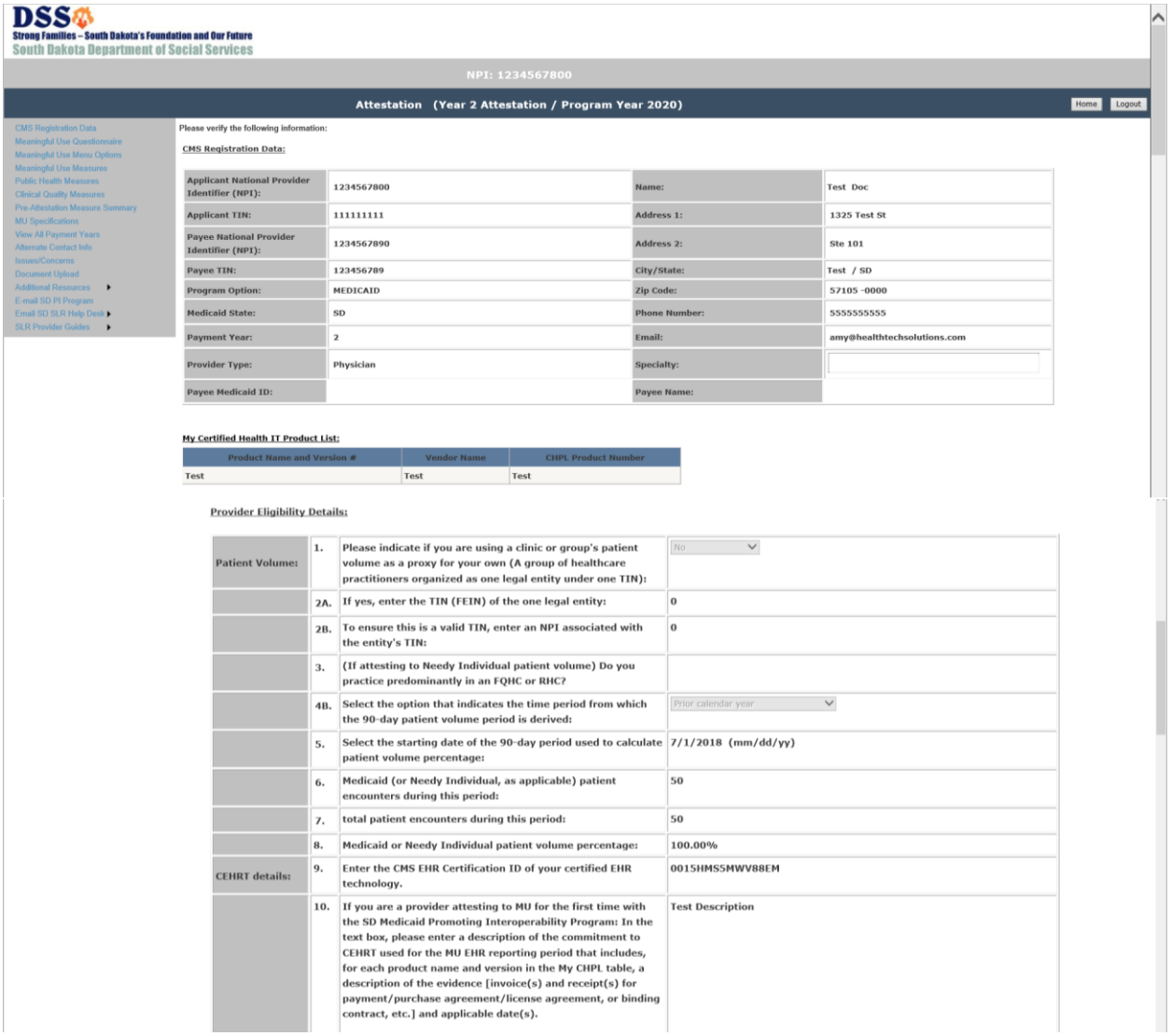


Navigation:

Previous Button – Takes the EP to the previous screen
Next Button – Saves the data entered and takes the EP to the next attestation screen
Save Button – Saves the EP's data
Cancel Button – Removes the data that has been entered by the EP

Attestation Statement Screen

The EP must confirm they apply with the detailed attestation statement, then enter their initials and NPI, and the preparer initials and name in order to submit their attestation.



DSS
Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Attestation (Year 2 Attestation / Program Year 2020) — Home | Logout

- CMS Registration Data
- Meaningful Use Questionnaire
- Meaningful Use Menu Options
- Meaningful Use Measures
- Public Health Measures
- Clinical Quality Measures
- Pre-Attestation Measure Summary
- MU Specifications
- View All Payment Years
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- Additional Resources
- E-mail SD PI Program
- Email SD SLR Help Desk
- SLR Provider Guides

Please verify the following information:

CMS Registration Data:

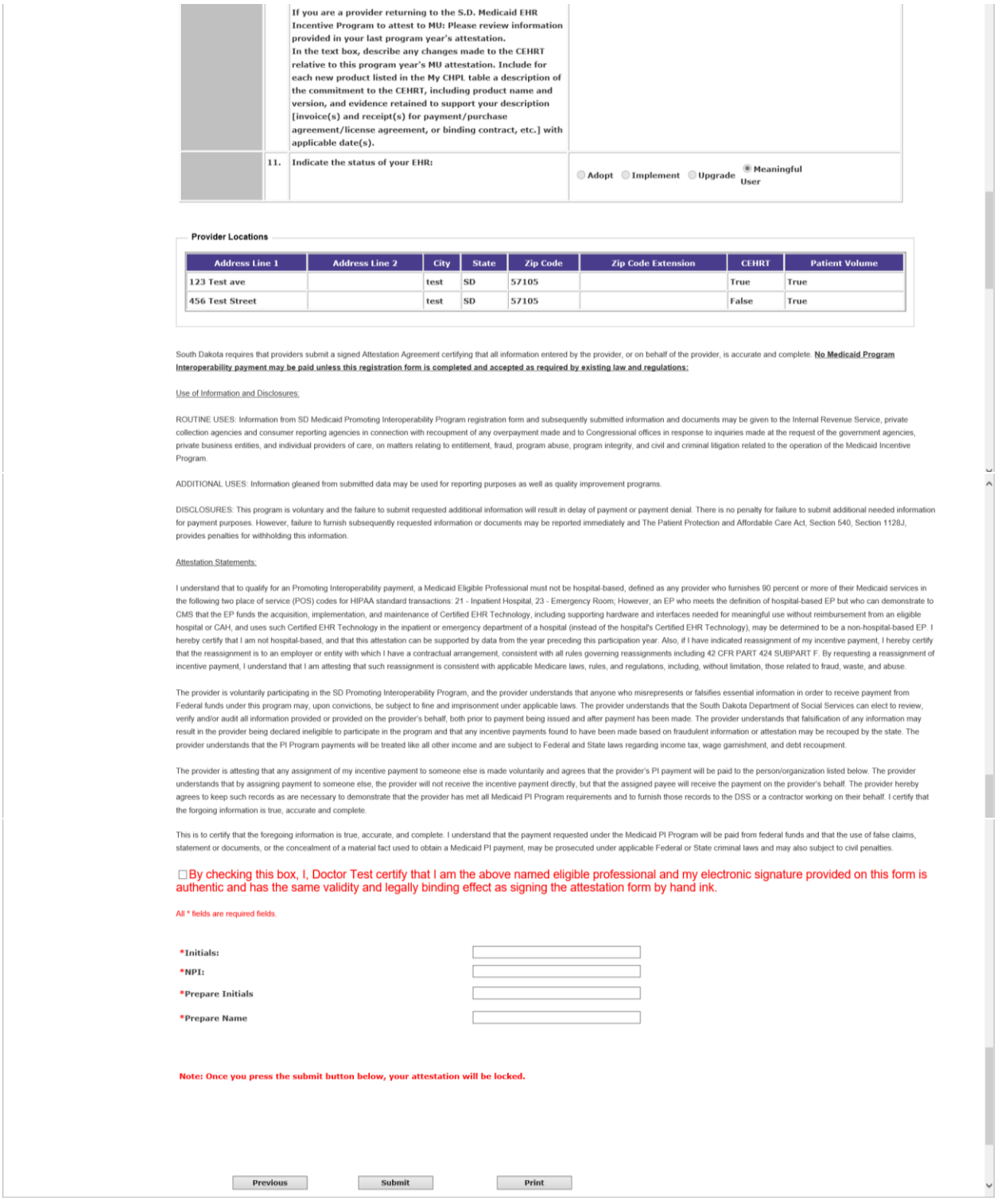
Applicant National Provider Identifier (NPI):	1234567800	Name:	Test Doc
Applicant TIN:	111111111	Address 1:	1325 Test St
Payee National Provider Identifier (NPI):	1234567890	Address 2:	Ste 101
Payee TIN:	123456789	City/State:	Test / SD
Program Option:	MEDICAID	Zip Code:	57105 -0000
Medicaid State:	SD	Phone Number:	5555555555
Payment Year:	2	Email:	amy@healthtechsolutions.com
Provider Type:	Physician	Specialty:	
Payee Medicaid ID:		Payee Name:	

My Certified Health IT Product List:

Product Name and Version #	Vendor Name	CHPL Product Number
Test	Test	Test

Provider Eligibility Details:

Patient Volume:	1.	Please indicate if you are using a clinic or group's patient volume as a proxy for your own (A group of healthcare practitioners organized as one legal entity under one TIN):	No
	2A.	If yes, enter the TIN (FEIN) of the one legal entity:	0
	2B.	To ensure this is a valid TIN, enter an NPI associated with the entity's TIN:	0
	3.	(If attesting to Needy Individual patient volume) Do you practice predominantly in an FQHC or RHC?	
	4B.	Select the option that indicates the time period from which the 90-day patient volume period is derived:	Prior calendar year
	5.	Select the starting date of the 90-day period used to calculate patient volume percentage:	7/1/2018 (mm/dd/yy)
	6.	Medicaid (or Needy Individual, as applicable) patient encounters during this period:	50
	7.	total patient encounters during this period:	50
	8.	Medicaid or Needy Individual patient volume percentage:	100.00%
CEHRT details:	9.	Enter the CMS EHR Certification ID of your certified EHR technology.	0015HMS5MWV88EM
	10.	If you are a provider attesting to MU for the first time with the SD Medicaid Promoting Interoperability Program: In the text box, please enter a description of the commitment to CEHRT used for the MU EHR reporting period that includes, for each product name and version in the My CHPL table, a description of the evidence [invoice(s) and receipt(s) for payment/purchase agreement/license agreement, or binding contract, etc.] and applicable date(s).	Test Description



If you are a provider returning to the S.D. Medicaid EHR Incentive Program to attest to MU: Please review information provided in your last program year's attestation.
In the text box, describe any changes made to the CEHRT relative to this program year's MU attestation. Include for each new product listed in the My CHPL table a description of the commitment to the CEHRT, including product name and version, and evidence retained to support your description [invoice(s) and receipt(s) for payment/purchase agreement/license agreement, or binding contract, etc.] with applicable date(s).

11. Indicate the status of your EHR: ○ Adopt ○ Implement ○ Upgrade ◉ Meaningful User

Provider Locations

Address Line 1	Address Line 2	City	State	Zip Code	Zip Code Extension	CEHRT	Patient Volume
123 Test ave		test	SD	57105		True	True
456 Test Street		test	SD	57105		False	True

South Dakota requires that providers submit a signed Attestation Agreement certifying that all information entered by the provider, or on behalf of the provider, is accurate and complete. **No Medicaid Program Interoperability payment may be paid unless this registration form is completed and accepted as required by existing law and regulations:**

Use of Information and Disclosures:

ROUTINE USES: Information from SD Medicaid Promoting Interoperability Program registration form and subsequently submitted information and documents may be given to the Internal Revenue Service, private collection agencies and consumer reporting agencies in connection with recoupment of any overpayment made and to Congressional offices in response to inquiries made at the request of the government agencies, private business entities, and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of the Medicaid Incentive Program.

ADDITIONAL USES: Information gleaned from submitted data may be used for reporting purposes as well as quality improvement programs.

DISCLOSURES: This program is voluntary and the failure to submit requested additional information will result in delay of payment or payment denial. There is no penalty for failure to submit additional needed information for payment purposes. However, failure to furnish subsequently requested information or documents may be reported immediately and The Patient Protection and Affordable Care Act, Section 540, Section 1128J, provides penalties for withholding this information.

Attestation Statements:

I understand that to qualify for an Promoting Interoperability payment, a Medicaid Eligible Professional must not be hospital-based, defined as any provider who furnishes 90 percent or more of their Medicaid services in the following two place of service (POS) codes for HIPAA standard transactions: 21 - Inpatient Hospital, 23 - Emergency Room; However, an EP who meets the definition of hospital-based EP but who can demonstrate to CMS that the EP funds the acquisition, implementation, and maintenance of Certified EHR Technology, including supporting hardware and interfaces needed for meaningful use without reimbursement from an eligible hospital or CAH, and uses such Certified EHR Technology in the inpatient or emergency department of a hospital (instead of the hospital's Certified EHR Technology), may be determined to be a non-hospital-based EP. I hereby certify that I am not hospital-based, and that this attestation can be supported by data from the year preceding this participation year. Also, if I have indicated reassignment of my incentive payment, I hereby certify that the reassignment is to an employer or entity with which I have a contractual arrangement, consistent with all rules governing reassignments including 42 CFR PART 424 SUBPART F. By requesting a reassignment of incentive payment, I understand that I am attesting that such reassignment is consistent with applicable Medicare laws, rules, and regulations, including, without limitation, those related to fraud, waste, and abuse.

The provider is voluntarily participating in the SD Promoting Interoperability Program, and the provider understands that anyone who misrepresents or falsifies essential information in order to receive payment from Federal funds under this program may, upon convictions, be subject to fine and imprisonment under applicable laws. The provider understands that the South Dakota Department of Social Services can elect to review, verify and/or audit all information provided or provided on the provider's behalf, both prior to payment being issued and after payment has been made. The provider understands that falsification of any information may result in the provider being declared ineligible to participate in the program and that any incentive payments found to have been made based on fraudulent information or attestation may be recouped by the state. The provider understands that the PI Program payments will be treated like all other income and are subject to Federal and State laws regarding income tax, wage garnishment, and debt recoupment.

The provider is attesting that any assignment of my incentive payment to someone else is made voluntarily and agrees that the provider's PI payment will be paid to the person/organization listed below. The provider understands that by assigning payment to someone else, the provider will not receive the incentive payment directly, but that the assigned payee will receive the payment on the provider's behalf. The provider hereby agrees to keep such records as are necessary to demonstrate that the provider has met all Medicaid PI Program requirements and to furnish those records to the DSS or a contractor working on their behalf. I certify that the forgoing information is true, accurate and complete.

This is to certify that the foregoing information is true, accurate, and complete. I understand that the payment requested under the Medicaid PI Program will be paid from federal funds and that the use of false claims, statement or documents, or the concealment of a material fact used to obtain a Medicaid PI payment, may be prosecuted under applicable Federal or State criminal laws and may also subject to civil penalties.

☐ By checking this box, I, Doctor Test certify that I am the above named eligible professional and my electronic signature provided on this form is authentic and has the same validity and legally binding effect as signing the attestation form by hand ink.

All * fields are required fields.

*Initials:
*NPI:
*Prepare Initials
*Prepare Name

Note: Once you press the submit button below, your attestation will be locked.

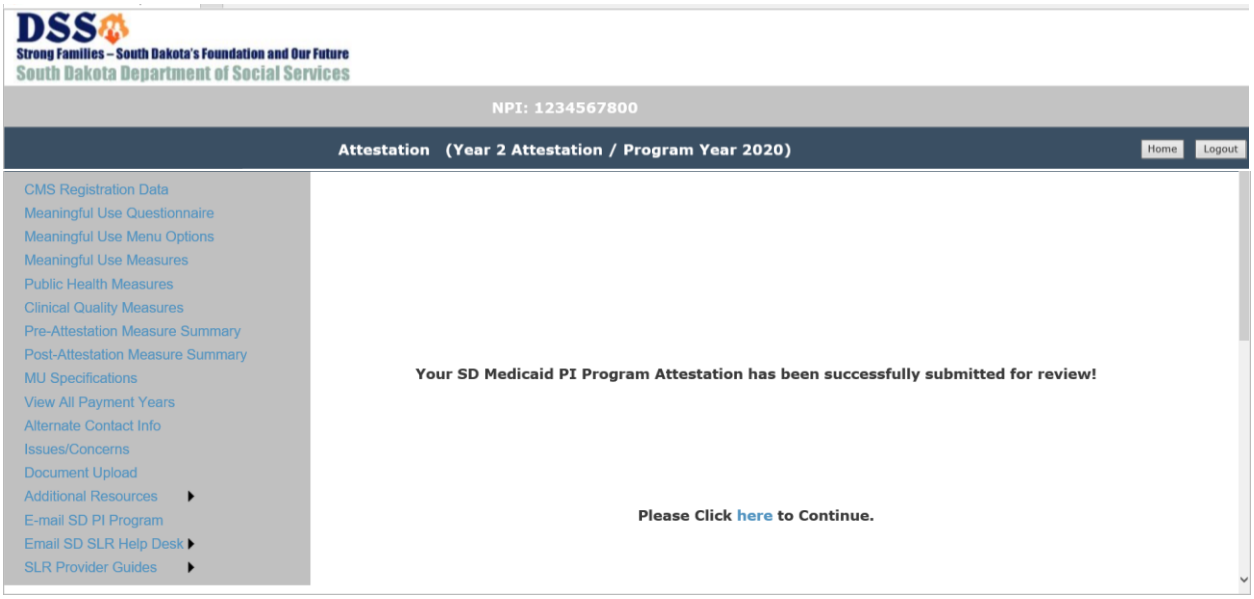
Previous Submit Print

Navigation:

Previous Button – Takes the EP to the previous screen
Submit – Saves the data entered and submits the attestation to DSS for review
Print – Opens a printable view of the screen

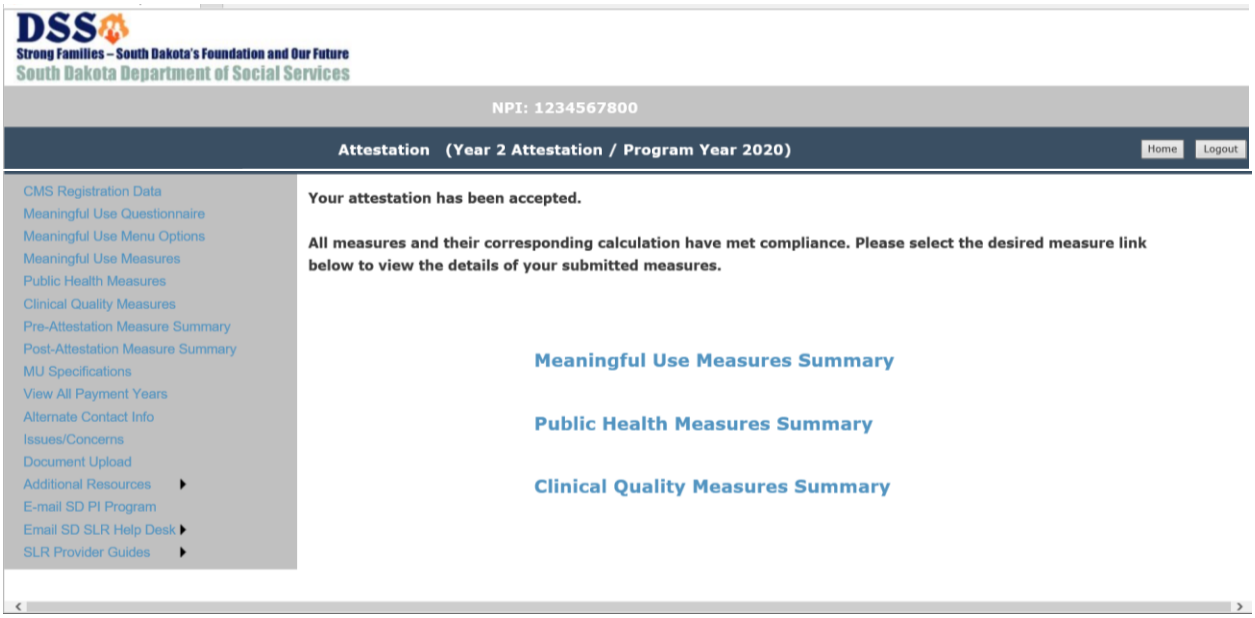
Successful Submission

Once successfully submitted, the following screen will display. At this point the EP can logout or select the 'Click here' icon to return to the home page.



Post Attestation Summary

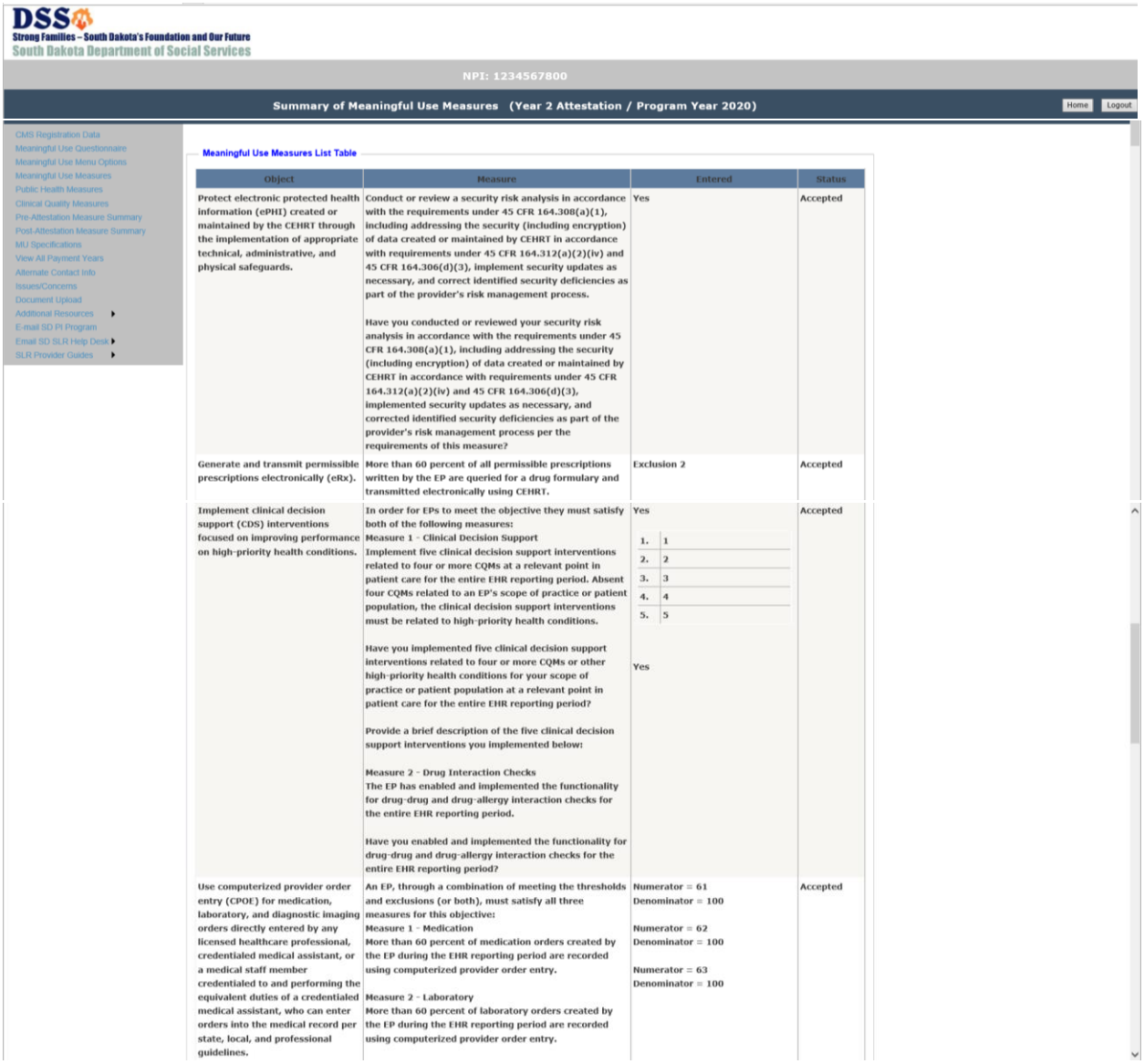
After submission, the link for the post attestation summary screens will become available in the left navigation menu. EPs can view a summary of all their measures through these screens.

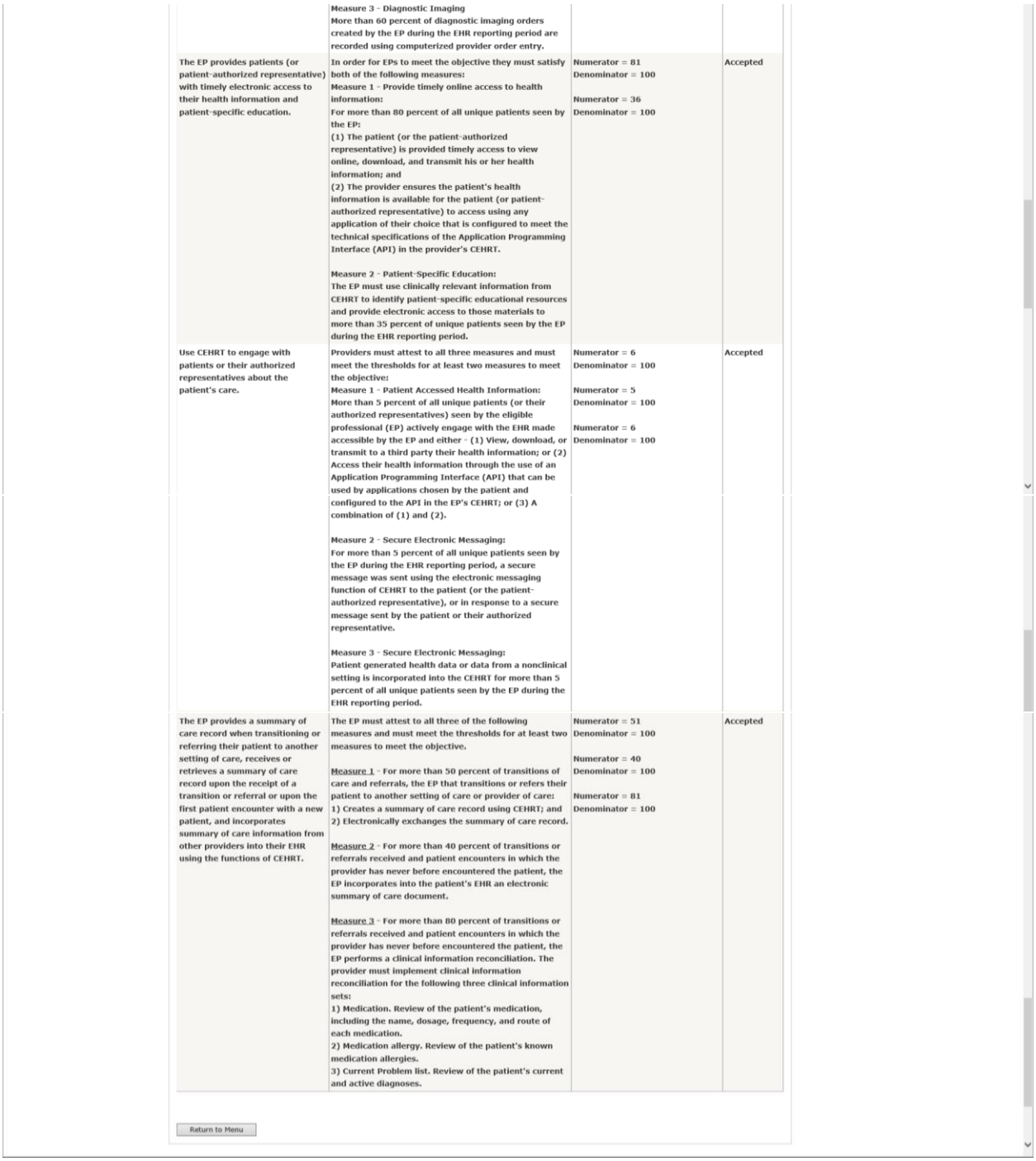


Meaningful Use Measure Summary-Post Attestation

The summary of measures for the Core MU Measures is read only and contains columns for the following information:

- Object – gives the object of the measure
- Measure – gives the detail measure information
- Entered – gives the data entered by the EP
- Accepted/Rejected – indicates if the measure was Accepted or Rejected





	Measure 3 - Diagnostic Imaging More than 60 percent of diagnostic imaging orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.		
The EP provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.	In order for EPs to meet the objective they must satisfy both of the following measures: Measure 1 - Provide timely online access to health information: For more than 80 percent of all unique patients seen by the EP: (1) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and (2) The provider ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the provider's CEHRT. Measure 2 - Patient-Specific Education: The EP must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide electronic access to those materials to more than 35 percent of unique patients seen by the EP during the EHR reporting period.	Numerator = 81 Denominator = 100 Numerator = 36 Denominator = 100	Accepted
Use CEHRT to engage with patients or their authorized representatives about the patient's care.	Providers must attest to all three measures and must meet the thresholds for at least two measures to meet the objective: Measure 1 - Patient Accessed Health Information: More than 5 percent of all unique patients (or their authorized representatives) seen by the eligible professional (EP) actively engage with the EHR made accessible by the EP and either - (1) View, download, or transmit to a third party their health information; or (2) Access their health information through the use of an Application Programming Interface (API) that can be used by applications chosen by the patient and configured to the API in the EP's CEHRT; or (3) A combination of (1) and (2). Measure 2 - Secure Electronic Messaging: For more than 5 percent of all unique patients seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient or their authorized representative. Measure 3 - Secure Electronic Messaging: Patient generated health data or data from a nonclinical setting is incorporated into the CEHRT for more than 5 percent of all unique patients seen by the EP during the EHR reporting period.	Numerator = 6 Denominator = 100 Numerator = 5 Denominator = 100 Numerator = 6 Denominator = 100	Accepted
The EP provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of CEHRT.	The EP must attest to all three of the following measures and must meet the thresholds for at least two measures to meet the objective. Measure 1 - For more than 50 percent of transitions of care and referrals, the EP that transitions or refers their patient to another setting of care or provider of care: 1) Creates a summary of care record using CEHRT; and 2) Electronically exchanges the summary of care record. Measure 2 - For more than 40 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP incorporates into the patient's EHR an electronic summary of care document. Measure 3 - For more than 80 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP performs a clinical information reconciliation. The provider must implement clinical information reconciliation for the following three clinical information sets: 1) Medication. Review of the patient's medication, including the name, dosage, frequency, and route of each medication. 2) Medication allergy. Review of the patient's known medication allergies. 3) Current Problem list. Review of the patient's current and active diagnoses.	Numerator = 51 Denominator = 100 Numerator = 40 Denominator = 100 Numerator = 81 Denominator = 100	Accepted

Return to Menu

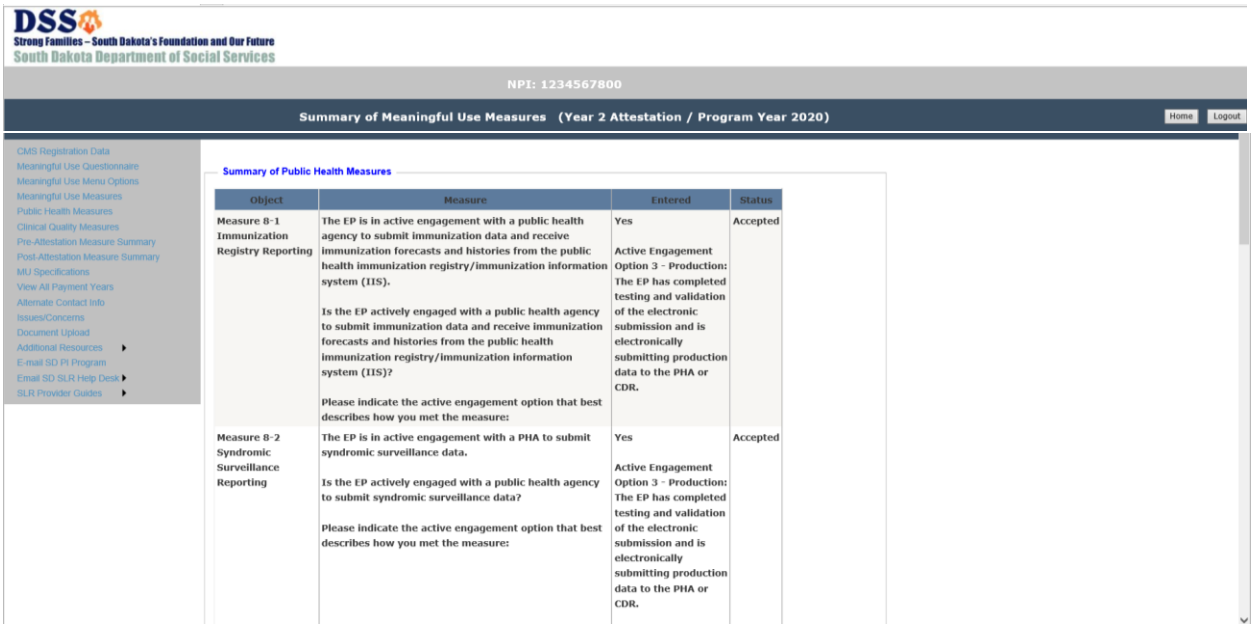
Navigation:

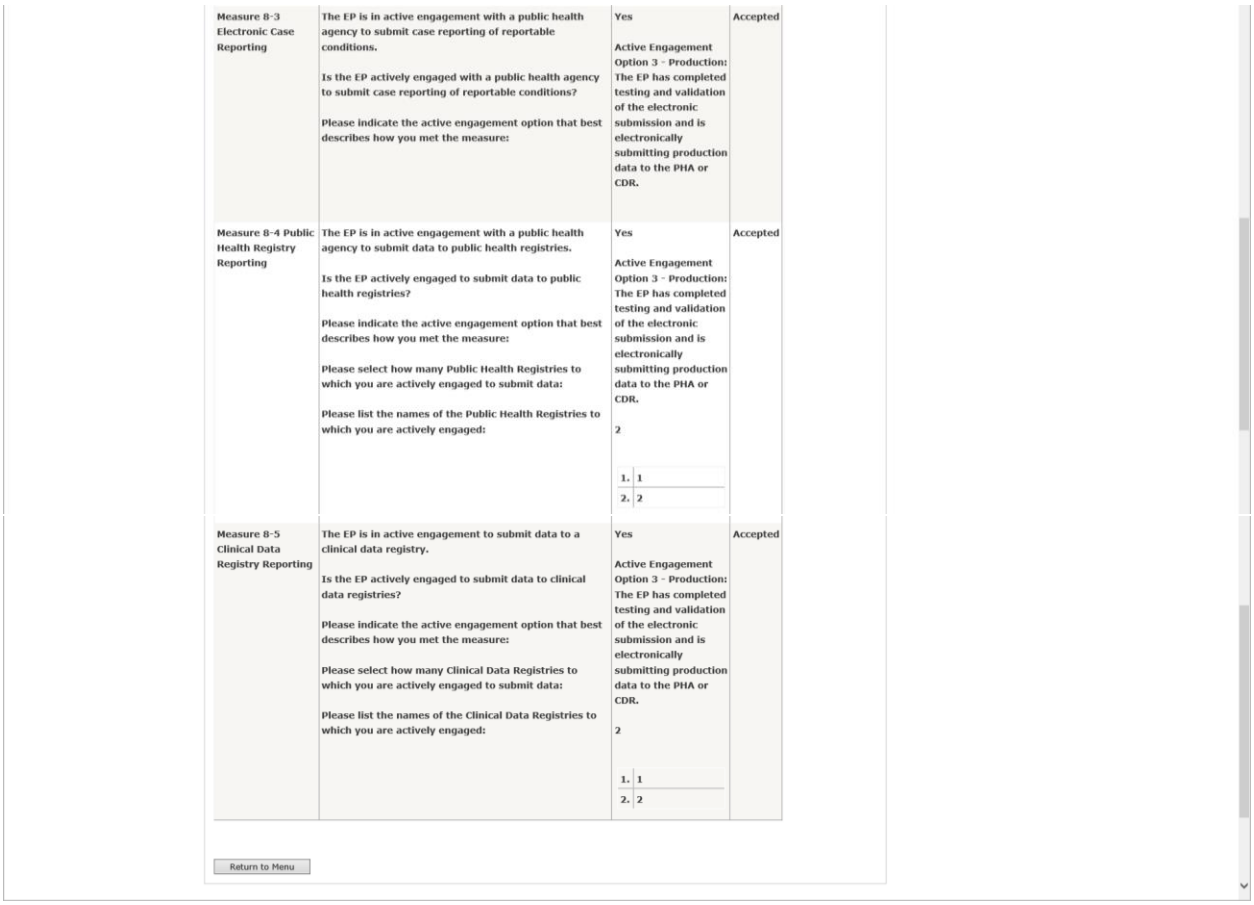
Return to Menu – Takes the EP to the Post Attestation Summary Menu

Public Health Measure Summary- Post Attestation

The summary of measures for the Public Health Reporting Measures is read only and contains columns for the following information:

- Object – gives the object of the measure
- Measure – gives the detail measure information
- Entered – gives the data entered by the EP
- Accepted/Rejected – indicates if the measure was Accepted or Rejected





Measure 8-3 Electronic Case Reporting	The EP is in active engagement with a public health agency to submit case reporting of reportable conditions. Is the EP actively engaged with a public health agency to submit case reporting of reportable conditions? Please indicate the active engagement option that best describes how you met the measure:	Yes Active Engagement Option 3 - Production: The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.	Accepted
Measure 8-4 Public Health Registry Reporting	The EP is in active engagement with a public health agency to submit data to public health registries. Is the EP actively engaged to submit data to public health registries? Please indicate the active engagement option that best describes how you met the measure: Please select how many Public Health Registries to which you are actively engaged to submit data: Please list the names of the Public Health Registries to which you are actively engaged:	Yes Active Engagement Option 3 - Production: The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR. 2 1. 1 2. 2	Accepted
Measure 8-5 Clinical Data Registry Reporting	The EP is in active engagement to submit data to a clinical data registry. Is the EP actively engaged to submit data to clinical data registries? Please indicate the active engagement option that best describes how you met the measure: Please select how many Clinical Data Registries to which you are actively engaged to submit data: Please list the names of the Clinical Data Registries to which you are actively engaged:	Yes Active Engagement Option 3 - Production: The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR. 2 1. 1 2. 2	Accepted

Return to Menu

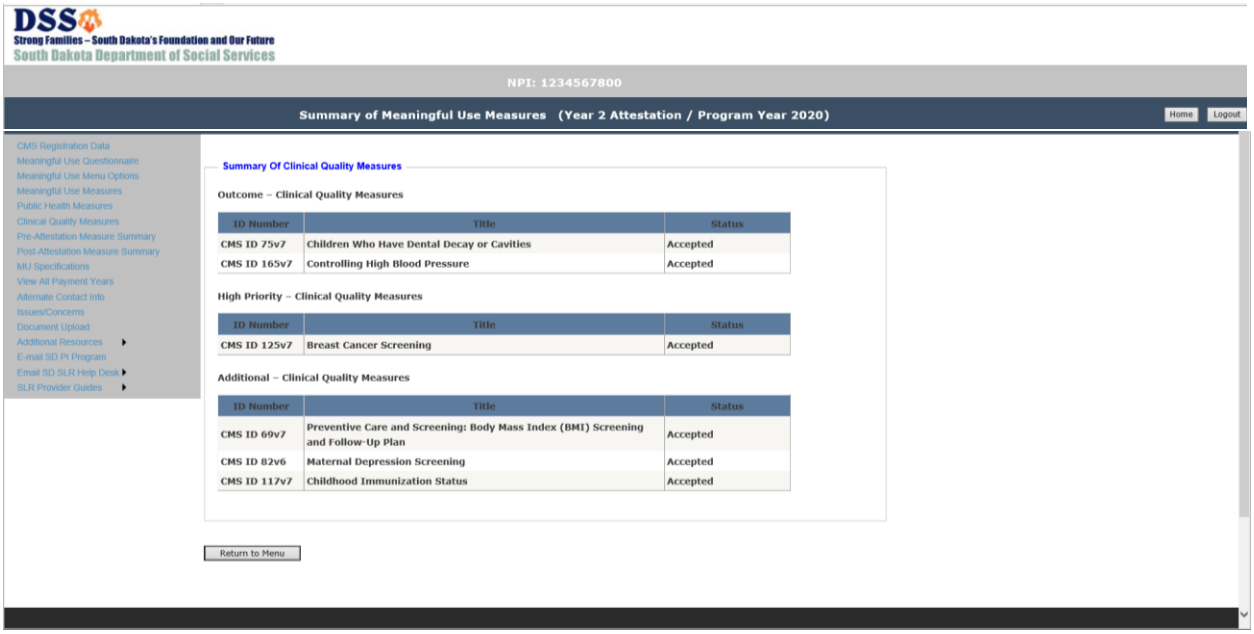
Navigation:

Return to Menu – Takes the EP to the Post Attestation Summary Menu

Clinical Quality Measure Summary

The summary of measures for the Clinical Quality Measures is read only and contains columns for the following information:

- ID Number – gives the title of the measure
- Title – gives the detail measure information
- Status – indicates if the measure was Accepted or Rejected



Navigation:

Return to Menu – Takes the EP to the Post Attestation Summary Menu

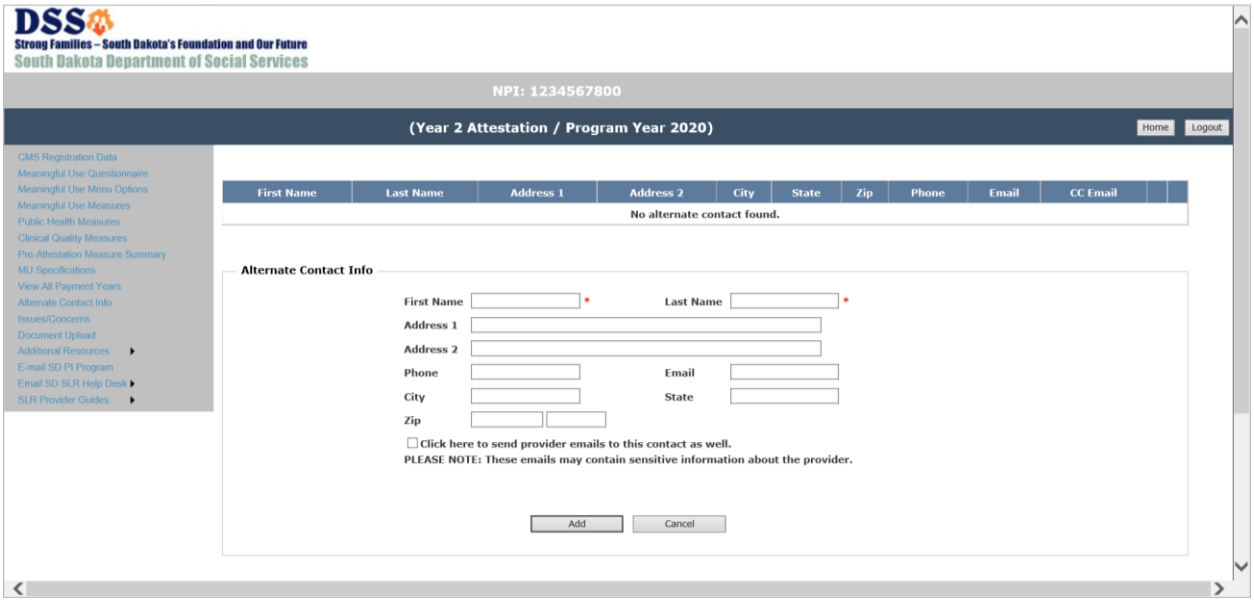
View All Payment Years

The View All Payment Years screen is accessed by a link that is located on the left navigation menu. This screen is read only and will display all payment and/or adjustments that have been recorded in the SD SLR application.

If an EP was previously paid for the Promoting Interoperability Program, prior to the implementation of SD SLR, then the payment will not display.

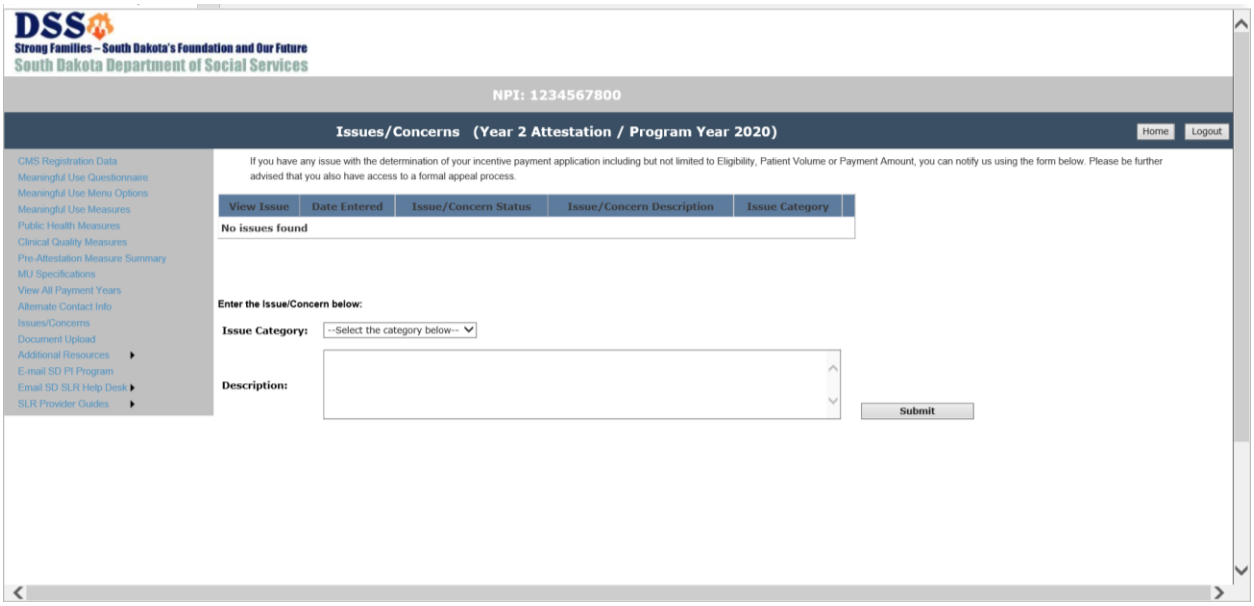
Alternate Contact Information

The Alternate Contact Information link can be accessed through the left navigation menu. By selecting this link, EPs can enter in additional contact information for reference concerning their attestation. The alternative contact information can be viewed in the internal application by SD SLR staff as well.



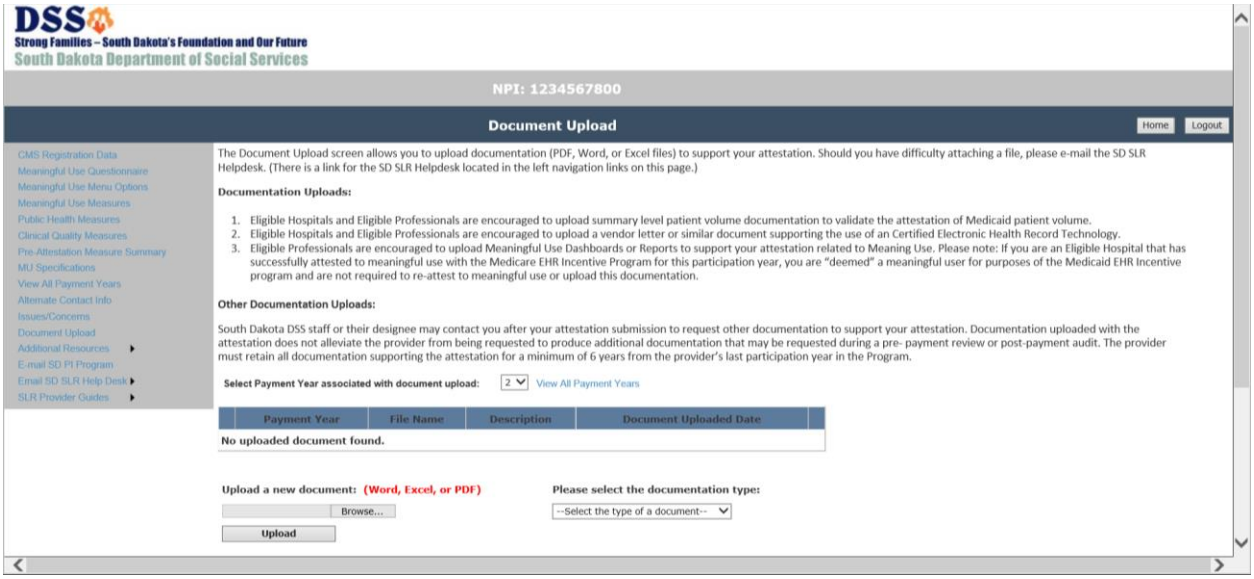
Issues and Concerns

The Issues and Concerns link is located on the left navigation menu and is a screen where EPs can communicate information with SD SLR staff concerning their attestation details.



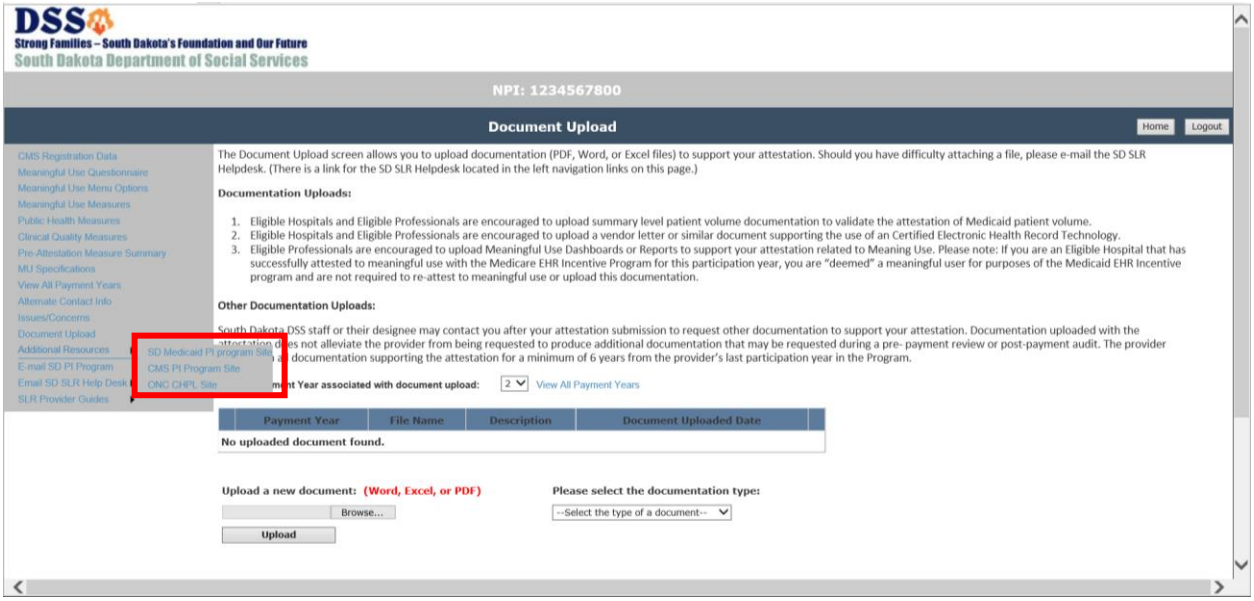
Documentation Upload

The Documentation Upload link can be located on the left navigation menu. This link will display a screen where EPs can view and upload supporting documentation for their attestation.



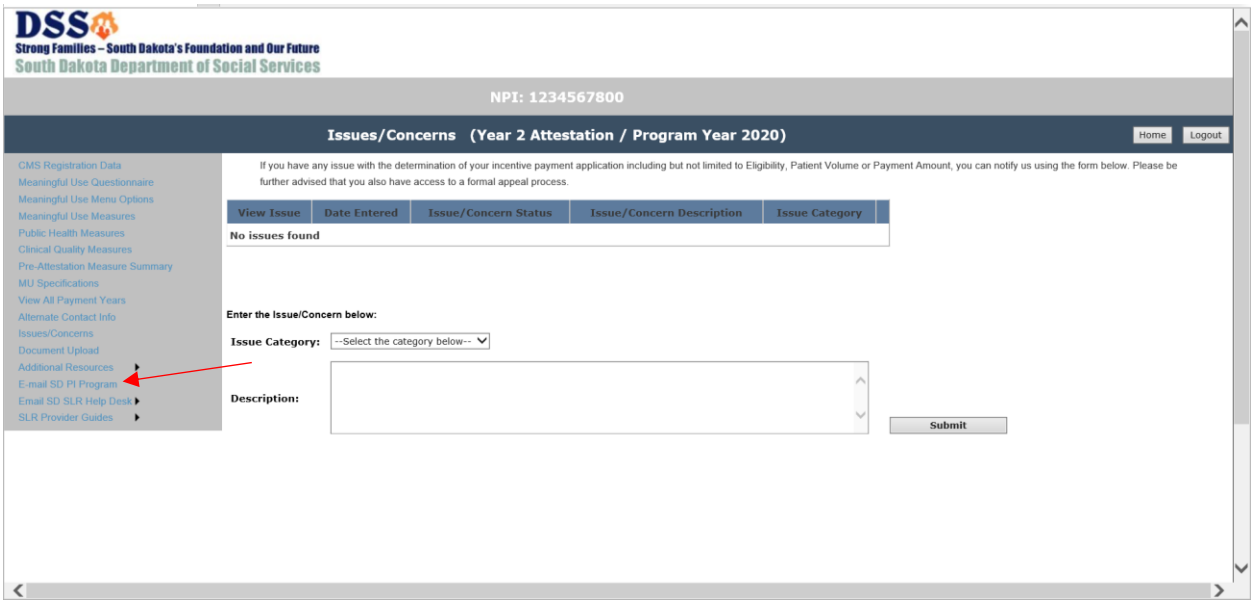
Additional Resources

The Additional Resources link can be accessed in the left navigation menu. This link presents hyperlinks for EPs to reference additional resources and sites for their references. EPs will have the ability to navigate to DSS Medicaid EHR Site, CMS EHR Site, or the ONC CHPL Site.



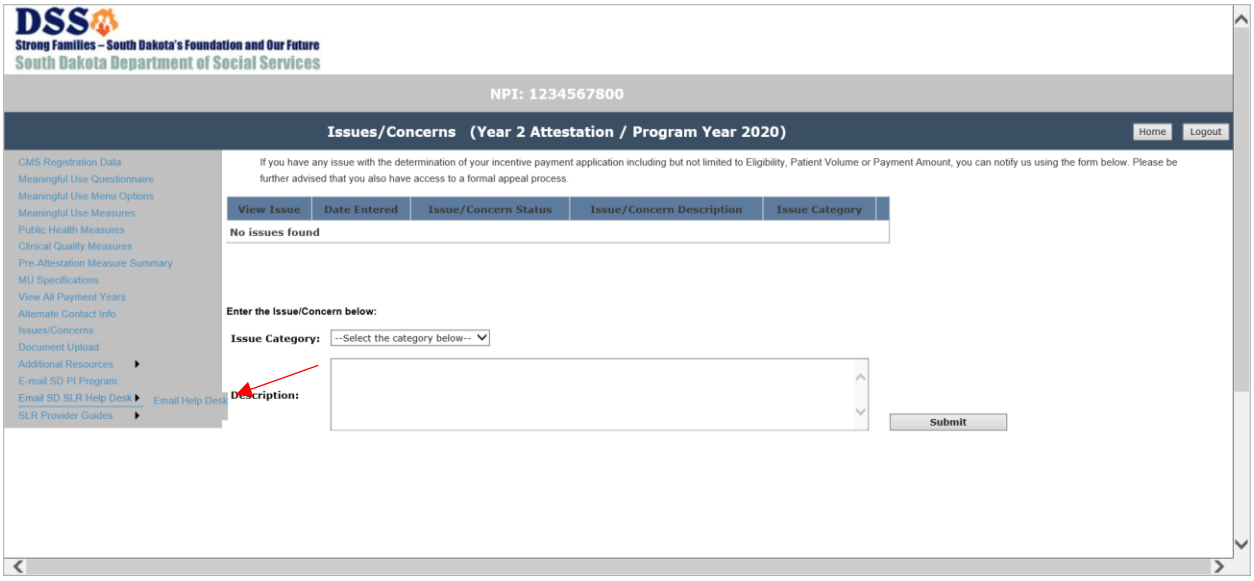
Email to the Promoting Interoperability Program

This link provides a direct email to pop-up to the DSS Promoting Interoperability Program, SDSLR@SD.gov. All questions concerning program-based questions and policies should be directed to DSS Promoting Interoperability Staff.



Contact SD SLR Help Desk

This link provides email contact information concerning the SD SLR application. Only questions concerning system functionality should be directed to this help desk. In the instance policies and program questions are submitted to the help desk, they will be forwarded on to DSS.



SLR Provider Guides

The SLR Provider Guides link is located on the left navigation menu. The Manual link will give the provider quick access to the User Manuals from their Attestation. By clicking on the link, a new window will open in the internet browser and will display the User Manual that the provider can review, as necessary.